

Case 1:15-cv-00701-JWF Document 51-7 Filed 08/30/18 Page 1 of 87

HIGH TIMES

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Medical



Marijuana

Inside a Legal
**Cannabis
Farmers'
Market**

Healthy
Edibles
Recipe

Finding
Dispensary
Clones

**Dr. Andrew
Weil
Interview**
pg. 50

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\$173 oz.

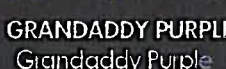
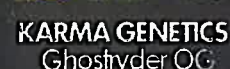
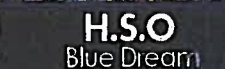
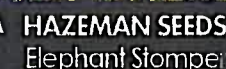
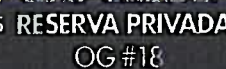
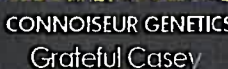
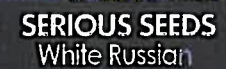
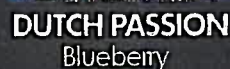
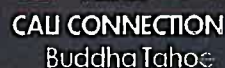
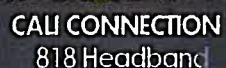
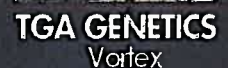
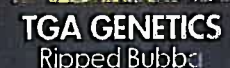
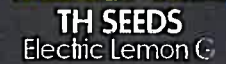
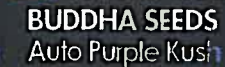
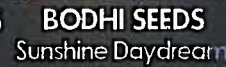
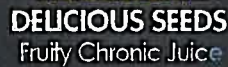
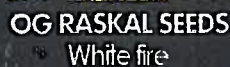
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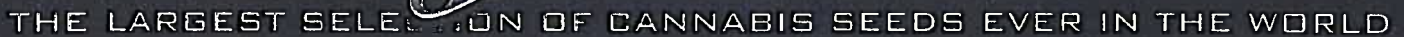
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editor's note

Dear President Obama

With just a few months left before the election, I thought you might be interested to know how the more than 70 percent of Americans who support "states' rights" when it comes to medical marijuana feel about the way your administration has handled the issue.

The answer, to be, well, *blunt*, is that we tend to fall in a continuum somewhere between deeply disappointed and extremely pissed off.

And it's not that we had such high expectations way back in 2008 when *hope* and *change* were still on the table. Nobody expected you to lead on this issue. The medical marijuana movement has been moving forward rapidly for decades despite nearly unanimous opposition from both major political parties—at least on the federal level—and we fully planned to continue blazing this path toward liberty, compassion and common sense all on our own.

We've made such tremendous strides in that time because cannabis is an incredibly safe and effective treatment for a truly astonishing number of ailments—a fact that doesn't change no matter who occupies the White House.

And we've created more and more legal medical marijuana states ever since California voters first passed Proposition 215 in 1996—not via shady political deals worked out in smoky backrooms, but through the hard work of countless patients and advocates, and the enormous risks taken by so many people to make sure this plant remains available to those in need.

Also, before you start in on the excuses, *yes, we get it*—marijuana remains a controversial subject, particularly for a politician who, in his youth, once advocated a policy of "total absorption" as opposed to zero tolerance. But here's the thing: When running for the office—and after—you promised in no uncertain terms that your administration was "not going to be using Justice Department resources to try to circumvent state laws" pertaining to medical cannabis.

And that, as they say, would have been enough, at least for me. But instead, you gave us the same DEA head as George W. Bush. An IRS that treats dispensaries like drug dealers. And an attorney general who recently claimed that the Justice Department was only going after "individuals [and] organizations that are acting out of conformity ... with state laws," when anyone paying attention knows that to be an obvious lie.

So what gives?

Are you banking on the fact that those who support medical cannabis will have to choose between you and Mitt Romney, an anti-pot zealot who regularly narcs out his neighbors for smoking herb on the beach near his mansion?

Obviously, we can expect nothing better and probably much worse from a potential Romney administration. But the thing is, some of us still believe that you know better when it comes to cannabis. Hanging out and getting high with the Choom Gang back in Hawaii sure didn't hurt your future prospects, but it certainly would have if, like 800,000 Americans every year, you'd gotten busted.

So think about it. Maybe evolve on the issue a little. And then, when it comes to medical marijuana, please either lead, follow or kindly get the heck out of our way!

Highest regards,



David Bienenstock
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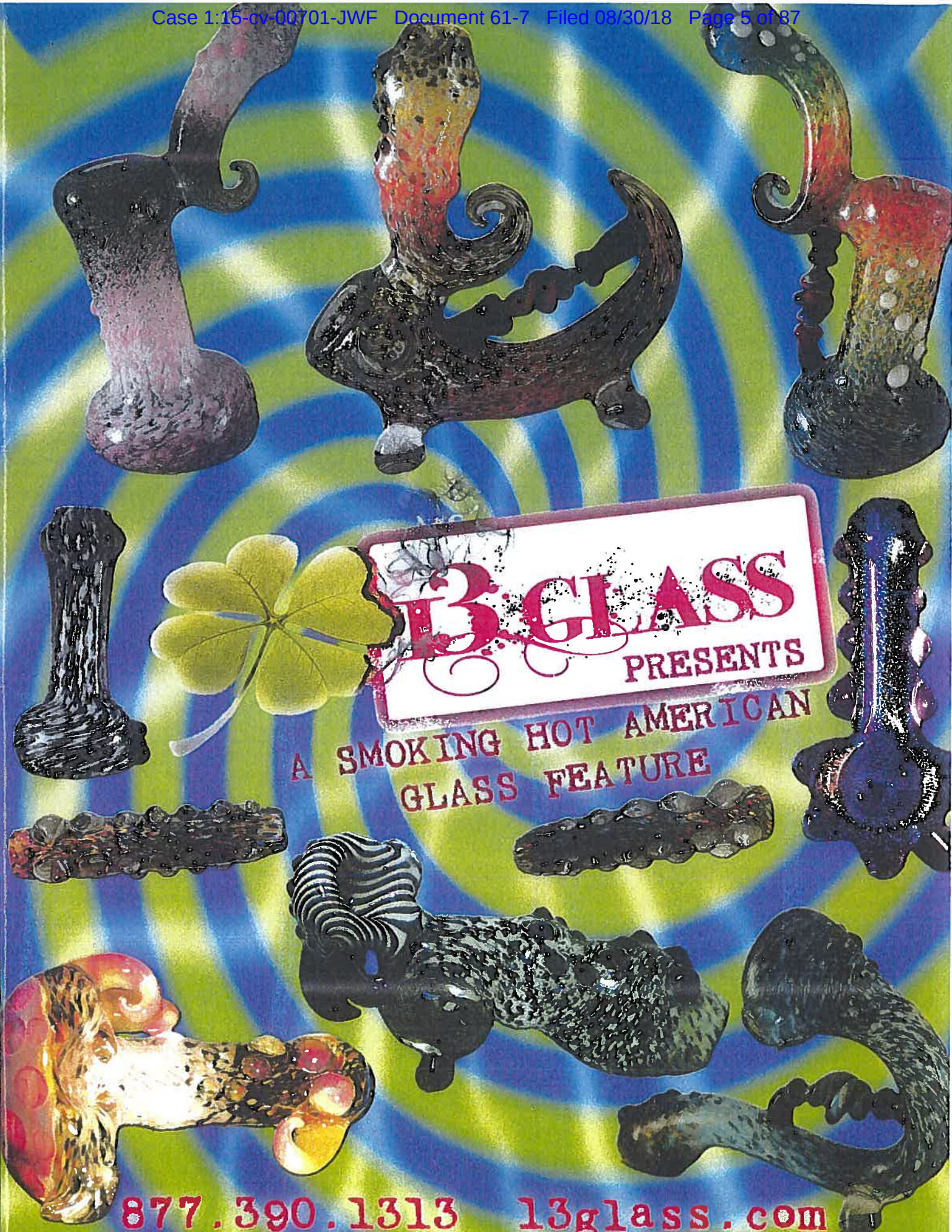
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Medical Marijuana

Fall 2012 Contents

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BAY AREA BUDS



Our cultivation department takes an in-depth look at all the winning *indicas*, *sativas*, hybrids, concentrates and edibles at the 3rd Annual High Times Medical Cannabis Cup in the San Francisco Bay Area.

TAKING A STAND BY DAVID BIENENSTOCK



At the world famous Cannabis Farmers' Market in Tacoma, Washington, medical marijuana patients can meet the people and collectives behind their medicine, while becoming engaged, highly educated members of the local cannabis community.

HIGH & HEALTHY EDIBLES BY ELISE McDONOUGH



With the nation's leading raw food chef soon to debut a new line of marijuana-infused food, and dispensaries nationwide starting to provide healthier alternatives to the pot brownie, there's never been a better time to investigate cannabis as a part of your highly balanced diet.

THE HIGHEST STANDARDS BY DAVID BIENENSTOCK



Since the federal government continues to deny the tremendous health benefits of marijuana, a group of leading herbalists will soon step forward with a comprehensive analysis of cannabis as a botanical medicine, including an effort to establish best practices for this budding industry.

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Despite ongoing opposition from the federal government, medical marijuana continues to roll across the country, including in Connecticut, the latest state to go green.

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The woman who took her medical cannabis case to the Supreme Court in 2005 tells High Times *Medical Marijuana* about life after losing at the highest court in the land, including her recent ejection from a California hospital for using a cannabis vaporizer on her doctor's orders.



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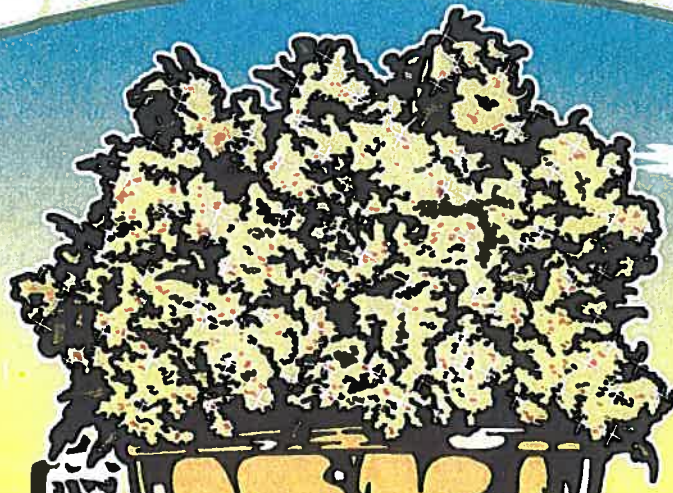
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Collective varieties
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Clones should be green, healthy and free of pests and disease.



Send in the Clones

Selecting proper seeds and healthy clones from a dispensary can be tricky—so here are some tips on starting your homegrown right. **By Danny Danko**

In the face of the ongoing government crackdown on medical marijuana dispensaries nationwide, it's perhaps wise to consider becoming your own grower instead of relying on sources that may or may not be there tomorrow. You can choose exactly which strain you want to cultivate and oversee every step of the process, from planting and harvesting to drying and curing, to assure total quality control—not to mention the amount of money you'll save by producing your own potent pot at home.

But taking that first step can be intimidating. First, you should arm yourself with all of the knowledge you'll need to succeed, including the highly empowering fact that you can cultivate incredibly healing cannabis for yourself for just pennies to the dollar. Also—and perhaps best of all—you'll know for certain exactly what went into your meds, starting with your own brainpower and hard work.

Nothing beats consuming medicine that you produced on your own, including the hard-to-quantify health benefits that come from working with such an amazing, life-affirming plant. Remember, life nourishes life, which means that in addition to producing amazing herbal medicine, your medical marijuana

topicals

Take a Topical Vacation

Follow this simple recipe to make your own cannabis-infused salves at home—a healing experience that ends with a highly relaxing cannabis-infused bath. **By Elise McDonough**

The high altitude and low humidity in Colorado create very dry conditions, so it's extremely advisable for the residents of this mountainous state to drink plenty of water and constantly moisturize. Naturally, adding cannabis to your body care regimen offers another level of healing entirely—one that's worth investigating no matter where you live.

"Over the past two and a half years, our business has grown steadily as people begin to realize the effectiveness of the topical application of cannabis," says Dahlia Mertens, founder of Mary Jane's Medicinals, who graciously agreed to share a simple recipe for a cannabis salve that anyone can make at home. "This salve has anti-inflammatory and analgesic properties, and it also promotes circulation. It works very well for relieving pain associated with arthritis, diabetic neuropathy, migraines, cramps, MS, tendonitis, general joint and muscle pain, restless-leg syndrome, sunburns and much more. It also helps speed the healing time for injuries and makes bruises disappear quickly."

Mary Jane's Medicinals, which started up in Colorado in 2009, offers a complete line of cannabis-infused natural products, including Healing Salve, Body Lotion, Massage



Nothing beats consuming medicine that you produced on your own, including the hard-to-quantify health benefits that come from cultivating such an amazing, life-affirming plant.

garden will also serve you well by keeping your mind and body focused on healing energy and thoughts.

The first step toward achieving your cultivation goals involves deciding exactly how you want to grow your herb. And the choice between germinating seeds and propagating (or buying) clones will be the first of many dank decisions you'll get to make.

Seeds or Cuttings?

When it comes to this initial choice, each option has its advantages and drawbacks. Seeds can be stored and started at any time. Clones are rooted and ready to grow right away. But seeds can grow out to be useless males, while clones can carry and transmit tiny pests or unseen molds. So you'll have to make your decision based on availability and your own particular needs.

If you start with seeds, they should be dark-colored with some striping. Don't worry about the size so much, but certainly avoid soft, white premature seeds. Pedigree is also extremely important: The best seeds come sealed

These thriving clones will grow into a healthy garden of ganja.



in the original breeder packaging and are obtained from seed companies with a solid reputation, a record of reliable customer service and a history of winning awards like the High Times Cannabis Cup. Check out the High Times Seed Bank Hall of Fame for 30 great options (hightimes.com/seedbank).

Clones should be green, healthy and free of pests and disease. The roots should be poking out of the bottom of their medium but not dangling, as this can make transplantation a

shock. Droopy leaves, moldy mediums and dark-colored roots are all signs of damaged cuttings that haven't gotten a good start in life—which is surely a bad sign for their future.

So there you have it: to grow or not to grow? While finding the answer right for you will require a lot of thought and reflection, knowing how to get started—and with what materials—puts you in a position to decide your own destiny with confidence. And what's more healing than that? 🌿

Healing Salve

Ingredients:

2 cups grape-seed oil
1.5 oz. cannabis flowers or trimmed leaves, ground
2 oz. beeswax
1/3 cup coconut oil
1/3 cup sweet-almond oil
1/3 cup avocado oil
Several drops essential oil of peppermint

Place the grape-seed oil into a crock-pot with the ground cannabis. Turn the crockpot to its "warm" setting, which should be about 175°F. Cook for five to seven days, stirring daily

(and thinking good thoughts!). Strain the leaf from the oil using cheesecloth, then put the leaf aside. In a saucepan on medium-low heat, blend the infused grape-seed oil with the beeswax, coconut oil, sweet-almond oil and avocado oil. Cook until all the ingredients have melted and are blended together, stirring regularly. Remove the mixture from heat and allow it to cool until it has dropped below 160°F. Add the drops of peppermint essential oil until it smells good to you. Pour the blend

into a wide-mouth jar and allow it to cool and thicken. Use liberally on the surface of the skin.

The leaf that was strained from the oil can be used in a very relaxing and wonderful bath soak. Blend the cannabis with peppermint leaf, lavender buds and Epsom salts. Wrap it in cheesecloth, tie it closed with twine and drop it into your tub like a big tea bag. This soak is very effective for relieving stress as well as general aches and pains. It also helps to induce sleep.

Oil, Lip Bong and Heavenly Hash Bath. Mertens stresses that the salve featured in this article doesn't produce a psychoactive reaction (i.e., get you high), but that the accompanying bath soak can cause "mild euphoria and a sense that world peace is possible."

Check out maryjanemedicinals.com for more information.

safety meeting

By **Kris Hermes** of
Americans for Safe Access

California Dreaming

In the state that first legalized medical marijuana, a coalition of reformers, cannabusinesses and organized labor is working to create and pass into law sensible regulations that provide safe access to all—and a model for the rest of the nation.

Medical marijuana supporters gather in Sacramento for ASA's Unity Conference, sending a strong message to lawmakers about the need for safe access and statewide regulation.

more than 15 years after Californians passed Proposition 215, we're still waiting for our state government to implement a common sense approach to the production and distribution of medical marijuana. Although a majority of the hundreds of thousands of legal medical marijuana patients in California rely on dispensaries, the state has so far left their regulation up to their localities. This has led to a patchwork of local laws that serve some

year, called upon State Assemblyman Tom Ammiano (D-San Francisco) and others to introduce into the California legislature Assembly Bill 2312, the Medical Marijuana Regulation and Control Act.

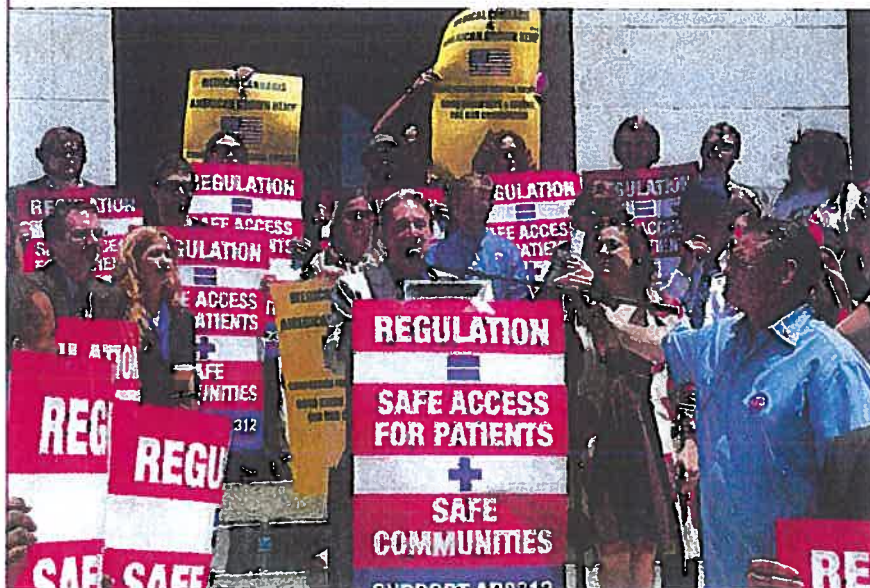
AB 2312 was created, in part, as a response to calls from the California Supreme Court and the state attorney general's office for a sensible approach to medical marijuana—one that takes into account the needs of patients, local officials, law enforcement and the public. While it places certain rules and requirements under state authority, the bill would still preserve municipal control over zoning issues. Significant revenue is also expected from the implementation of AB 2312, which would help reduce some of the financial strain currently experienced by taxpayers across the state.

Keep in mind that although Colorado has just one-seventh the population of California, its statewide program has processed more than 2,000 applications from dispensaries, manufacturers and growers, bringing in \$7.34 million in fees (and more than covering its administrative costs). Indeed, by wisely regulating medical cannabis at the state level, California and Colorado can create an example for the rest of the country to follow, including those states that have recently passed medical marijuana laws—such as Arizona, Delaware and New Jersey—but are still struggling to find ways to effectively meet the needs of their patient populations.

To help create the groundswell of support and momentum needed to pass AB 2312, the CRMM held a "Unity Conference" in Sacramento in May. More than 300 patients and policy advocates swarmed the Capitol, meeting with each member of the state legislature and urging them to support the bill. Despite a tough legislative environment, AB 2312 subsequently passed out of committee and was approved by the full Assembly.

AB 2312 is not yet assured of passage, but Californians are desperately seeking a public health solution for medical marijuana, one worth replicating across the country. With your help, we can meet that challenge. ✱

Learn more about AB 2312 and Californians to Regulate Medical Marijuana by visiting regulatemedicalmarijuana.org.



'Although many thousands of legal medical marijuana patients in California rely on dispensaries, the state has so far left their regulation up to localities.'

patient populations but not others, forcing many people to travel long distances or use the illicit market to obtain a safe, effective medication that their doctor recommends. This patchwork system has also resulted in confusion for public officials, medical professionals and law enforcement.

To better address these issues, a statewide coalition of policy reform advocates, medical marijuana businesses and organized labor was recently formed, calling itself Californians to Regulate Medical Marijuana (CRMM). The coalition started working on a comprehensive legislative solution and then, earlier this

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By Debby Goldsberry

Tokers of the World, Unite

The global cannabis movement must start working together to end prohibition in a way that protects our cooperative marijuana economy from a hostile corporate takeover.

**'Turns out, the
Feds really do want
medical cannabis,
just so long as it
can be extracted
or synthesized by
pharmaceutical
companies and
sold at a massive
profit.'**

Four good reasons to support 420 medicine.

"Unity" is the latest buzzword in the medical cannabis movement, probably due to a frequent lack of it.

That's right: Even as we continue to battle the government's ongoing prohibitions and crackdowns, the widely varied stakeholders in the marijuana movement have been fighting it out (often behind the scenes, and sometimes bitterly) for the right to determine the shape of future regulations—a clash of philosophies and cultures that needs to end *fast* so that advocates and activists can truly unify to fight the real enemy lurking on the horizon, namely big business.

In the United States, as we all know, a small minority of people controls the majority of wealth, while the rest of us struggle to make ends meet. The underground cannabis economy, medical and otherwise, has always been one of the few ways for those of us left behind to create income and give ourselves a fighting chance to feed our families.

No wonder cannabis advocates have worked so hard to legalize and regulate this gray area of commerce, and to put an end to the arrest and imprisonment of otherwise law-abiding people for using marijuana—all the while assuming that, at the end of prohibition, we would still be able to grow and sell cannabis. But now it appears that a wealthy minority is poised to swoop in and take control of the legalized cannabis marketplace. Even worse, the federal government clearly wants this to happen, as it schemes to fast-track FDA approval for Sativex, a cannabinoid extract already available

in pharmacies in Canada and across Europe—because, as it turns out, the Feds really *do* want medical cannabis, just so long as it can be extracted or synthesized by pharmaceutical companies and sold at a massive profit, as with other prescription drugs.

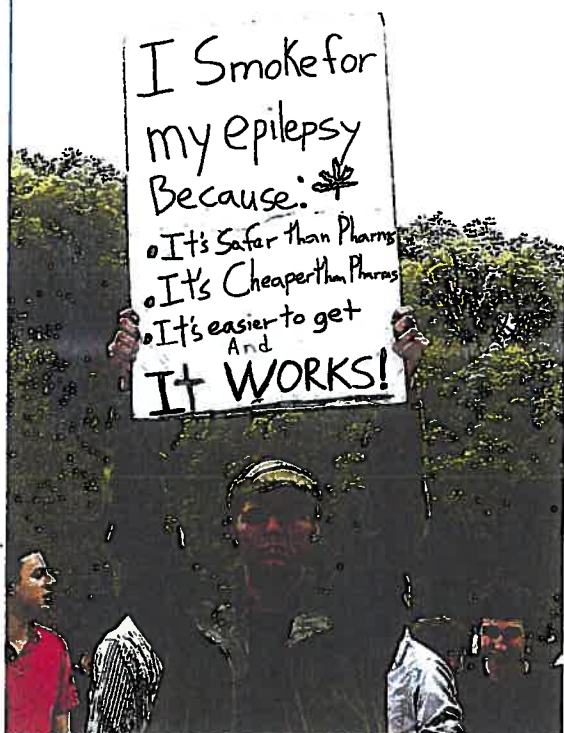
Of course, only a certain class of wealthy individuals and corporations will be able to compete in such a marketplace. For instance, the US rights to distribute Sativex were recently sold to a Japanese pharmaceutical company for more than \$270 million, which is obviously way more than your average cannabis advocate would be able to afford.

Naïvely, we did all the legwork for these pharmaceutical companies. Visionaries like Jack Herer, Dennis Peron and Brownie Mary believed in this plant and convinced the nation that cannabis was an important medicine. We lobbied our elected officials, and together we created jobs and a strong tax base in our communities, unwittingly creating the perfect environment for the pharmaceutical companies to step in and knock us all out of business.

And pharmaceutical companies are far from the only big-business interests that have their eyes on our prize. Everyone from mortgage brokers to hedge-fund managers now look at cannabis as a potential get-rich-quick scheme, or at least as something profitable to exploit while they wait out the recession. They've already succeeded in scooping up medical cannabis permits or just buying out existing collectives, bringing with them a high-flying Wall Street ethos—something that surely helped to draw the attention of the Feds and spur the current crackdown.

And so it turns out that to really succeed, we need not only to legalize and regulate this plant, but also to create a socially responsible medical cannabis industry moving forward. By preserving our counterculture values and standing together to insist on compassionate, community- and home-based implementation systems—and also to demand that no cannabis user is left in prison at the end of prohibition, whether for medical use or otherwise—we can develop true unity.

So let's join together based on these principles and start working together to ensure a more equal distribution of income and wealth, with unity and safe access for all. ✱



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of Harborside Health Center

Highly Motivated

Our expert offers some insightful advice on making cannabis part of a healthy, productive lifestyle.



Sativa strains like this Super Wreck bud often relieve symptoms without inducing "couch lock."



Save *indicas* like this Dank Mama for nighttime use only.

Dear Steve, I hate to give any credence to one of the worst stereotypes about cannabis users, but I have to admit that after I smoke some high-quality herb, my productivity tends to drop off rather dramatically for the next couple of hours. Back when I was an occasional user for my own enjoyment, that wasn't a problem (and, in fact, it was something I valued)—but now I need cannabis as a medicine, and I need to use it a lot more often. Since you don't seem to let anything slow you down, I'm hoping you can share a few tips for staying motivated after I medicate.

Sincerely,
Soon Come in Cincinnati

Dear Soon Come,
Like most Americans, you likely grew up with the idea that cannabis was solely to be used as an intoxicant, and so you developed a whole series of rituals and customs based on the notion that higher is better. But now that we know so much more about the therapeutic potential of the plant, we need to learn new ways of using it, including how to integrate it into our daily lives. Here are a few tips to get you started in that direction:

Consider CBD-rich cannabis, or cannabis that contains a larger percentage of cannabidiol than THC. CBD, like THC, is a cannabinoid, one of the unique chemical compounds produced by the cannabis plant. Unlike THC, however, CBD is completely non-psychoactive, but it still provides many of the medical benefits found in the plant. Most patients report that CBD-rich strains are effective in treating their symptoms, but with a greatly reduced high.

Try edibles, but in low doses.

When you smoke cannabis, you get the full effects almost immediately—which can be somewhat disorienting. If you ingest a low-dose edible instead, the amount

of cannabis in your bloodstream will gradually rise for one to two hours, before reaching a plateau that lasts from four to five hours and then gradually dissipates. That's why I recommend edibles for a more energetic, functional effect than smoked cannabis. But don't overdo it or you'll end up feeling *more* disoriented—and for far longer—than if you had smoked.

Practice disciplined self-titration.

It's truly remarkable how small a dose of cannabis is needed to treat many medical symptoms. Try taking just one little hit—and if that doesn't provide adequate relief, wait at least half an hour and then try another. With some practice, you'll be able to find the sweet spot that addresses your symptoms without slowing you down.

'Now that we know so much more about the therapeutic potential of the cannabis plant, we need to learn new ways of using it, including how to integrate it into our daily lives.'

Seek out longer-growing, equatorial sativa strains. Most patients report that pure *sativas* or strongly *sativa*-dominant hybrids relieve their symptoms quite well without producing the "couchlock" effect characteristic of pure *indicas* and *indica*-dominant hybrids. If you're unsure of the strain, look for long, skinny, somewhat airy flowers. Also, avoid anything purple or with round, dense buds.

Of course, if Ohio had legal, regulated medical cannabis, most of this advice would be much easier to follow. Thus, as with so many of the issues surrounding cannabis, the real answer is for all of us to organize and ultimately change the laws. Only then will we truly be able to realize the full wellness benefits of this extraordinary plant. 🌿

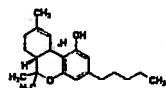
SUPER LEMON HAZE

(Sativa Dominant Hybrid)

Super Silver Haze X Lemon Skunk

THC:14.77%

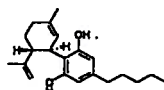
(Tetrahydrocannabinol)



THC is used to treat pain, nausea, muscle spasms and stimulate appetite. Other effects include relaxation, euphoria and altered space-time perception.

CBD:0.01%

(Cannabidiol)



CBD may hold the most promise for many serious conditions. CBD is a non-psychoactive cannabinoid that is believed to relieve pain and anxiety, seizures, inflammation, nausea, vomiting and risk of artery blockage.

Medical Benefits

(Strain Specific)

Super Lemon Haze has been known to aid such symptoms as stress, anxiety, lack of appetite, pain and insomnia.

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By Tyce Fraser of
Communities Addressing Pot Pollution

Sun-Grown Bud for the Sun Belt

New Mexico's medical marijuana law continues to ban outdoor cultivation, forcing growers, patients and society at large to embrace ultimately unhealthy practices in the name of healing.

New Mexico has one of the most restrictive medical-marijuana laws in the United States, which isn't surprising when you consider that the law was passed in 2007 by the Republican-led state legislature. As a result, patients in New Mexico are only eligible to use marijuana after all of the other "conventional" medicines have failed—even though cannabis has been proven safer and more effective than many pharmaceutical alternatives. Also, legal marijuana in the state

they could reduce the price for patients if they were allowed to produce sun-grown medicine instead of being forced to grow indoors, where a big part of the costs is paid straight to utility companies thanks to the huge energy demands of indoor cultivation. Even so, New Mexico's Department of Health has so far refused to change the rule. Its officials claim that the ban on outdoor growing is due to a preference for the relative security of indoor operations—but have they really considered the many negative health impacts, for growers and consumers, connected with indoor grows?

Just for starters, these mini-bud factories are being powered by two of the largest and dirtiest coal-fired plants in the country: the Four Corners Power Plant and the San Juan Generating Station, both 50-year-old facilities that spew a daily toxic cloud into the air over some of the nation's most impressive landscapes, including the Grand Canyon, Mesa Verde and Monument Valley. Overall, of course, a handful of medical marijuana grows don't add much to New Mexico's power consumption—but keep in mind that the energy generated in the Four Corners area is used throughout the Southwest, including Southern California, where massive amounts of indoor ganja are grown. Which means that if we can ever find a way to institute a nationwide plan to transition to outdoor cannabis, the Four Corners region wouldn't have to be a sacrifice zone to our quest for indoor bud.

To start down that road, we need to clearly differentiate between America's energy needs and its energy whims, and to remember that conservation is always the best energy policy. In the meantime, it's not hard to imagine that some of New Mexico's existing medical marijuana patients can attribute their illnesses to the pollution from the very coal-fired plants that power the production of their medicine. But what's most ironic is that the New Mexico state flag features a symbol of the Sun created by the people of the Zia Pueblo, renowned for their artful pottery and sustainable agriculture practices. New Mexico's Department of Health should be reminded of this when they make cannabis policy—particularly the fact that when there are huge spills of solar emissions, we don't call it an emergency; we call it a "nice day!" ☀

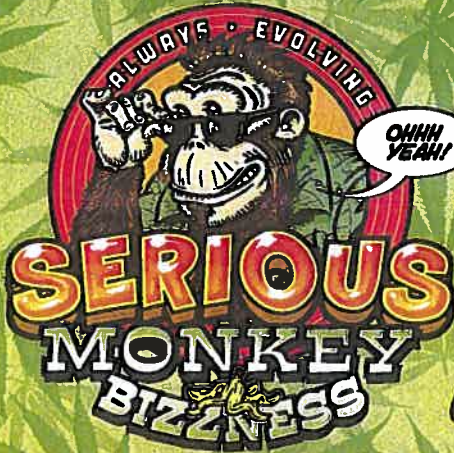


With steady watering, outdoor cannabis plants thrive beneath the desert sun.

Has New Mexico's Department of Health really considered the many negative health impacts, for growers and consumers, connected with indoor grows?

must be grown indoors, despite the many harmful chemical pesticides and fertilizers this typically entails. And, for good measure, New Mexico lawmakers further sought to keep medical marijuana out of the hands (and lungs) of recreational users by licensing only a very small number of providers—a situation that has led to many shortages in supply.

Because of the ultra-restrictive nature of the law, medical marijuana patients in New Mexico tend to be the sickest of the sick and—not coincidentally—can often no longer afford health insurance, making it hard to pay for medical marijuana. Naturally, some of the state's cannabis providers have suggested that



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By **Valerie Leveroni Corral**, of
Wo/Men's Alliance for Medical Marijuana

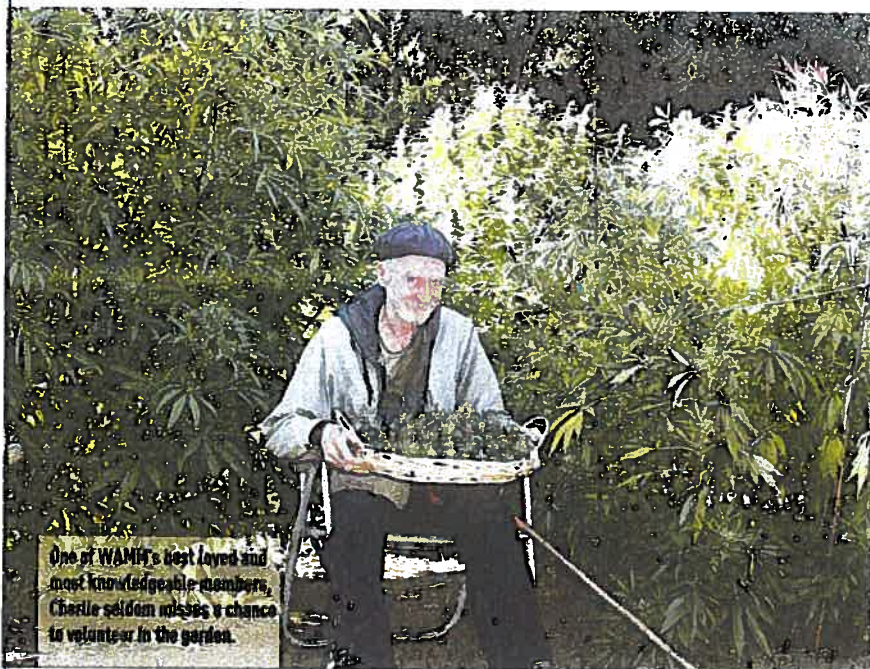
Cosmic Charlie

At WAMM, providing compassionate care for one of our most remarkable members reminds us that our connection to each other runs far deeper than our garden's roots.

Charlie Lynch (a.k.a. Mr. Google) is a longtime WAMM member known for his encyclopedic knowledge of natural health, world history and sundry other subjects. Charlie attends our weekly support and supply meetings, assists with the preparation of our medicinal products, and often volunteers to help out in the garden. A recent struggle with double pneumonia left our good friend reeling, but it also offered our member-based medical marijuana collective in Santa Cruz, CA, an opportunity to rally together in his support—all part of our ongoing focus on service to the chronically ill.

I spoke with Charlie from his bedside, where he's nearly recovered from his latest "brush with death."

'I use medical marijuana every day for so many reasons: I smoke for quick relief and eat cookies for relaxation and sleep. But the greatest benefit is how it raises my spirits.'



One of WAMM's best loved and most knowledgeable members, Charlie seldom misses a chance to volunteer in the garden.

In 1999, you were diagnosed with terminal Stage IV lung cancer. What was your prognosis, and how did you beat those odds?

I was given six months to live, with a one to two percent survival rate. I had undergone 32 radiation treatments, leaving me in pain and reliant on a cane. So I attended the Five Branches Institute of Chinese Medicine here in Santa Cruz and began seeking alternative treatment with a focus on juicing, nutrition and herbs—including marijuana. After three years, I was cancer-free.

What role did cannabis play in your healing?

Medical marijuana was my ally from the onset—reducing nausea and pain, helping with appetite and, most importantly, lifting my spirits. It helps me feel well enough to get out and do things. I've since learned that it suppresses cancer-cell growth.

Any nutritional tips?

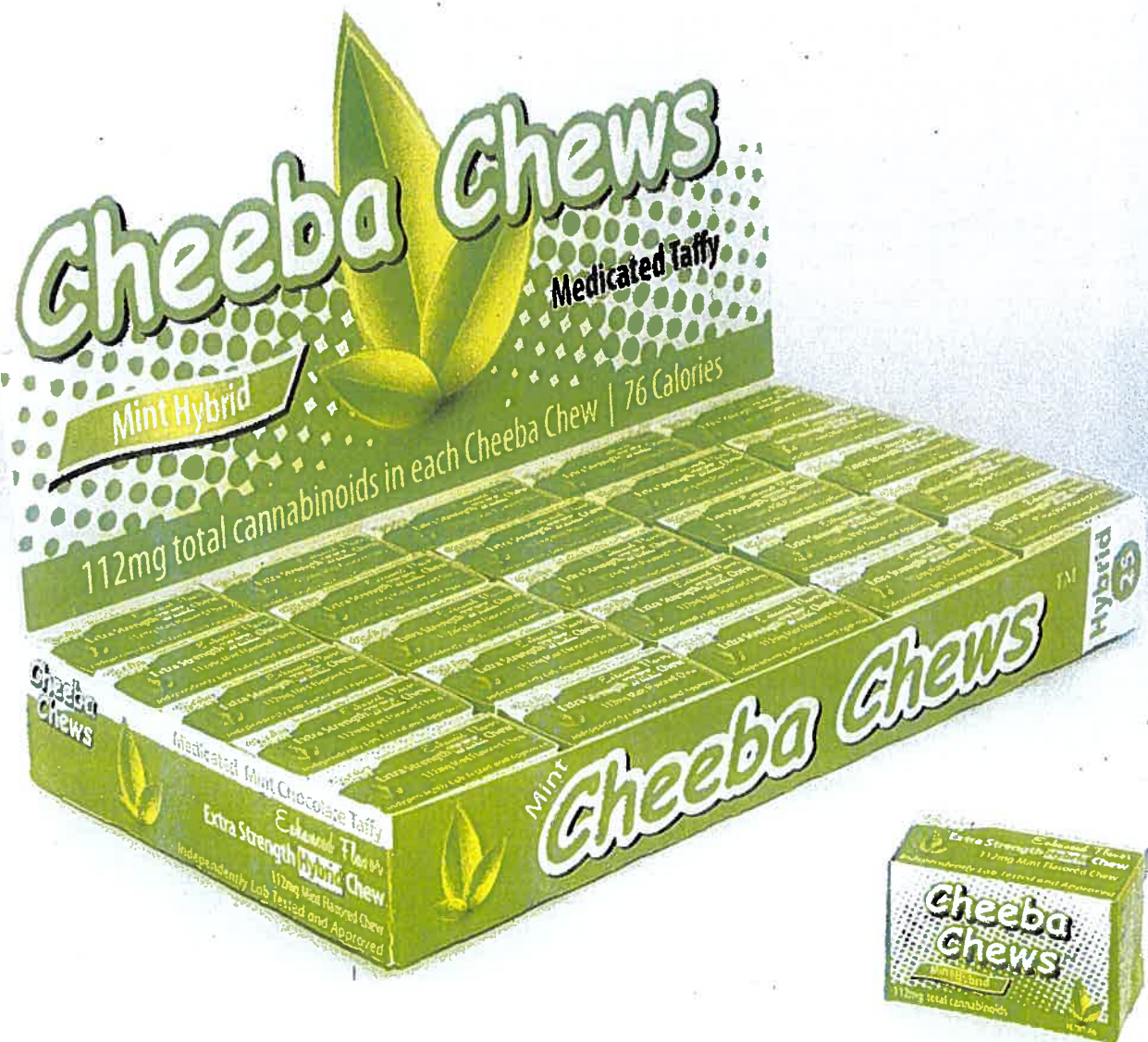
I eat simple dishes like miso, minestrone with beans, seaweed and pasta. Also, turmeric turns off cancer's self-replicating mechanism and is as good an anti-inflammatory as ibuprofen—add one scoop to tuna and no salt. My daily drink is a blend of green and blue *Gynostemma* teas.

And how do you get the most out of medicinal cannabis?

I use marijuana every day for so many reasons: I smoke for quick relief and eat cookies for relaxation and sleep. But the greatest benefit of medical marijuana is how it raises my spirits—that's the greatest contribution to healing. My mind, body and psyche must gain balance, and marijuana facilitates this—I slow down and find myself not so distracted by things.

I have spent much of my life in a meditative state, living a solitary life. This is positive and provides hope. At WAMM, we are all connected and affected by thoughts, by each other and the medicine we grow and use. We are able to combine these to meet our own needs and serve those of others. Everything we do is about healing, and we do this for our whole life long. ✨ To support WAMM, visit wamm.org

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By David Bienenstock

Putting the DEA on Trial

MAPS and its allies sue the Drug Enforcement Administration in an attempt to end the federal government's monopoly on marijuana for medical research.

Dr. Mahmoud ElSohly has a hand in America's only federally legal marijuana supply, grown under government contract at the University of Mississippi.



'If we win the case, we'll be able to start a serious drug-development research effort that could transform marijuana into an FDA-approved prescription medicine in about 10 years.'

Ever since the federal government first began funding marijuana cultivation for research purposes inside a secure facility housed at the University of Mississippi in 1968, it's been extremely careful not to let any of that fully legal supply fall into the wrong hands. And by "wrong hands," we don't just mean a mythical, ragtag group of herbal enthusiasts engaged in a *Harold and Kumar*-style stoner comedy quest to break into America's ultimate government

growroom. We also mean legitimate scientific researchers hoping to conduct FDA-approved studies of cannabis's potential benefits.

Think about it: If you let the white-lab-coat types study pot as a medicine, they just might prove that it's safe and effective—and then what?!

That's why the powers-that-be have been effectively blocking almost all such studies—specifically by using their monopoly over federally legal marijuana to bottle up any research that doesn't fit their preferred framework of pot as a harmful and addictive drug with no accepted medical value. It's no wonder that so many scientists, botanists and would-be marijuana researchers have been working together to push for a second, federally-approved marijuana production facility.

Most recently, on May 11 of this year, the United States Court of Appeals for the First

Circuit in Boston, heard oral arguments in a lawsuit against the Drug Enforcement Administration for denying Dr. Lyle Craker a license to grow marijuana for privately funded medical research. The lawsuit follows more than a decade of requests and appeals by Dr. Craker, a professor at the University of Massachusetts-Amherst's Department of Plant, Soil and Insect Sciences, who first applied in June 2001 for a DEA license to start the proposed facility under contract to the Multidisciplinary Association for Psychedelic Studies (MAPS), "a nonprofit research and educational organization whose mission includes developing marijuana into an FDA-approved prescription medicine," according to the MAPS website.

In 2007, one of the DEA's own administrative-law judges recommended that granting Dr. Craker a license to open a second facility would be in the public interest—but rather than accept that nonbinding decision, DEA administrators instead decided to drag their feet for another four years before finally rejecting the application outright. At which point, Dr. Craker and his allies at MAPS and the ACLU were finally free to sue the DEA in federal court.

After the recent oral arguments in *Craker v. DEA*, Rick Doblin, founder and executive director of MAPS, felt optimistic leaving the courtroom.

"The judges seemed dubious about the DEA's interpretation of US Single Convention treaty obligations and the DEA's attempt to claim that the National Institute on Drug Abuse's monopoly on marijuana for legal research meets the required standard of 'adequate supply produced under adequately competitive conditions,'" Doblin reported. "If we win the case, we'll be able to start a serious FDA drug-development research effort that could transform marijuana into an FDA-approved prescription medicine in about 10 years, at a cost of about \$10 million. If we lose the case, we've clearly demonstrated federal obstruction of research, which should increase support even further for state-level medical marijuana reforms. And even if we do lose, we will eventually be able to start research in the US through importation of medical-grade marijuana from Israel or another country where marijuana is legally produced for medical uses."

Doblin anticipates a ruling in the current case sometime before the national elections in November 2012. Check out maps.org to learn more. ✱

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22 Medical Marijuana #11





Sativas

2ND PLACE Sativa Cup Winner

Yogi Diesel

Elemental Wellness Center

THC: 21.7%

CBD: .8%

Our judges responded incredibly positively to the diesel power of this boutique strain, which boasts a proud lineage of Original Diesel x DNL, and features all the unmistakable flavors and aromas associated with one of the strongest strain families on the market. Grown from clone, indoors, in a coco medium, Yogi Diesel from Elemental Wellness Center flowered for 10 weeks and provided a soaring, THC-fueled high along with copious pain relief and long-lasting appetite stimulation.

1ST PLACE Sativa Cup Winner

Premium Jack Herer

Playbud Delivery Service

THC: 18.3%

CBD: 2.0%

One of the world's most beloved cannabis strains, named for the late author of *The Emperor Wears No Clothes*, this year's Medical Cannabis Cup award-winning sativa boasted the classic Skunk #1 x Northern Lights #5 lineage that's made this skunky survivor such an enduring favorite among cannabis connoisseurs for so many years. Grown from clone, indoors, in a flood and drain system, first-time cup-winning Playbud Delivery Service's Premium Jack Herer flowered for just nine weeks, while still providing the uplifting sensation of a true sativa. The Hemperor would be proud!

3RD PLACE Sativa Cup Winner

XJ-13/ Cracker Jack

Santa Cruz Mountain Naturals

THC: 20.5%

CBD: 1.7%

From one of America's most pot-friendly and health-positive cities comes a suitably 100 percent organic sativa with a genetic lineage that mixes classic Jack Herer and G-13. The incredible result, better known as the XJ-13/Cracker Jack from Santa Cruz Mountain Naturals, was artisanally grown from clone, indoors, in soil, and was Clean Green Certified, meaning that no synthetic chemical fertilizers or pesticides were used. It flowered in nine weeks.



Hybrids



2ND PLACE Hybrid Cup Winner
Ken's Phantom
 Granddaddy Purp Collective
 THC: 16.2%
 CBD: .4%

Named for Ken Estes, the main man at the Granddaddy Purp Collective, this outstanding cross of Ken's GDP and Cherry Pie will only bolster that fine institution's reputation for developing and delivering top quality strains in the Bay Area. Grown from clone, indoors, in soil and lovingly watered by hand, Ken's Phantom flowered in just eight weeks and left our judges highly satisfied with its taste, aroma and highly medicinal effects.



3RD PLACE Hybrid Cup Winner
OG Sky
 Buddy's Cannabis Patients Collective
 THC: 17.9%
 CBD: .7%

A cross of OG Kush and Skywalker, this space-age hybrid from Buddy's Cannabis Patient's Collective in San Jose truly offers the best of both *indica* and *sativa* characteristics, while maturing in just 62 days. Our judges praised the purity of the resulting buds, which burned clean and offered a flavorful, aromatic smoke along with profound potency. The force is indeed strong with this one!

1ST PLACE Hybrid Cup Winner
Larry OG Kush
 Cali Connection Seed Co.
 THC: 21.6%
 CBD: .7%

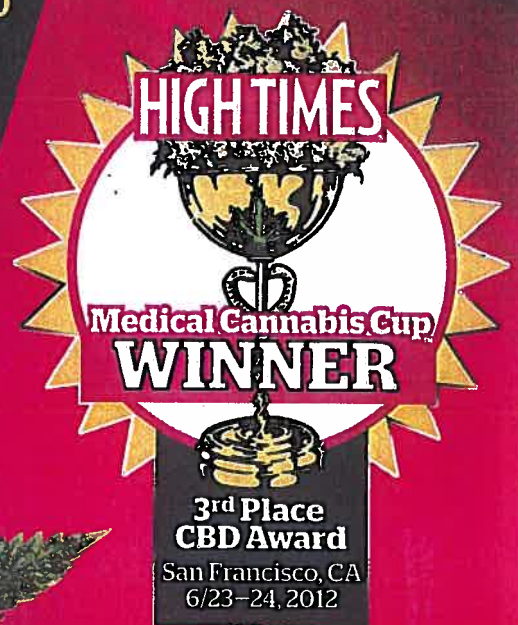
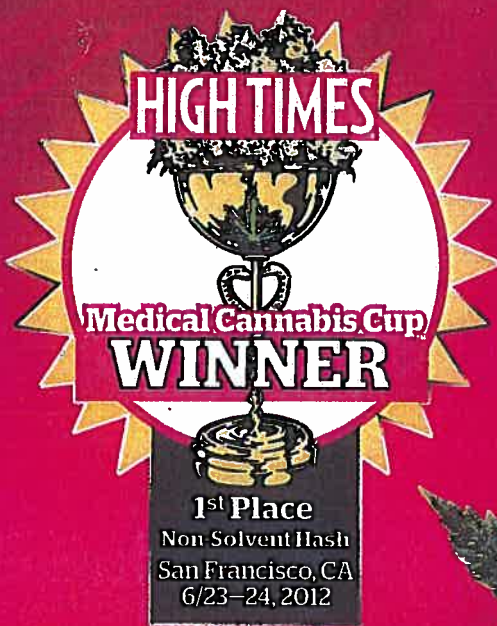
Sometimes, if you want the highest-quality cannabis genetics, you've got to go direct to the source. In this case, our Medical Cannabis Cup winning hybrid entry arrived courtesy of Cali Connection, a legendary seed company with headquarters in Southern California. With a lineage traced back to Original Tahoe OG Kush, this truly pristine Larry OG Kush entry was grown from clone, indoors, in a hydroponic system. It fully matured after 70 days of flowering, all under the watchful eye of THC Scientific.



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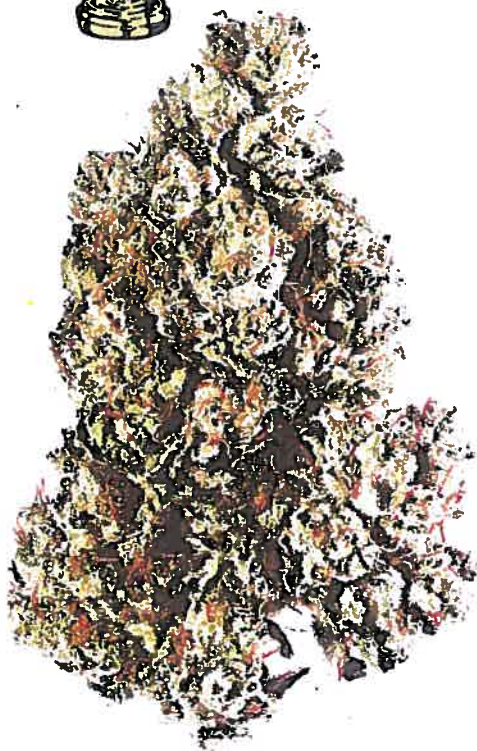
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Indicas



1ST PLACE Indica Cup
Winner
Cordero Kush
Platinum
 San Jose Patients Group
 THC: 17.4%
 CBD: .8%

A boutique strain with a lineage of uncrossed True OG, this year's winner of the Medical Cannabis Cup for top *indica*—Cordero Kush Platinum from San Jose Patients Group—wowed our judges with a wonderfully sedating high and an incredibly rich flavor profile. Grown indoors, from clone, in a coco soilless medium and a top feed nutrient system, the strain fully matured after nine weeks of flowering.

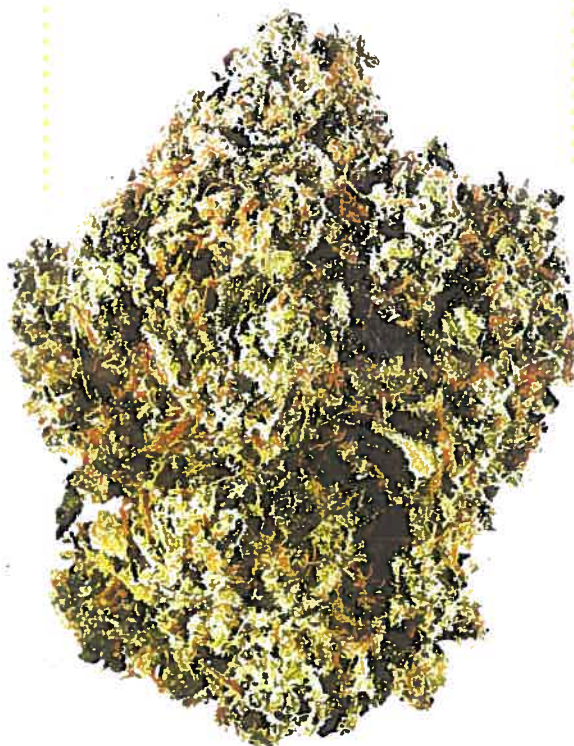
2ND PLACE Indica Cup
Winner
Master Yoda Kush
 Kush Connection
 THC: 20.7%
 CBD: .9%

Who'd have thought that Kush Connection would enter a kush? Well, everybody, but that didn't stop Master Yoda Kush from teaching our judges a powerful lesson about the power of this red-eye Jedi strain. Grown from clone, indoors, in coco, by cultivation legend Rev Jah, this quintessential kush had all the lovely taste and aroma you'd expect, and was fully, perfectly mature after 58 days of flowering.



3RD PLACE Indica Cup
Winner
Cherry Kola
 Sonoma County
 Collective
 THC: 14.9%
 CBD: .2%

While actual cherry cola is an unhealthy mix of artificial flavors and corn syrup, the strain Cherry Kola is an incredibly healing cross of Blackberry and Garberville Purple, backcrossed to Garberville Purple. One of the few award winners started from seed, Sonoma County Collective's top cultivators grew their much-loved entry indoors, in a medium of coco, perlite and peat moss, in a hand-fed drain-to-waste system. Mature after eight weeks of flowering, it had an all-natural taste far better than any soda.





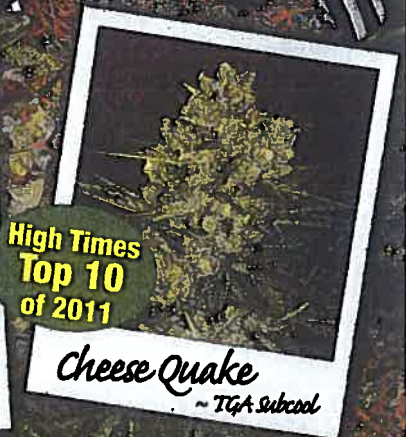
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Edibles

1ST PLACE Edible Cup **Elevé Gourmet Veganic Medicated Truffles** Hills Pharmacy

"Made in small batches in Humboldt County," these Honey Coconut *Indica* Truffles from Elevé are packed with 190mg of THC in one small bite. One truffle equals 4 doses, which is 47.5mg per quarter, described as "double-strength." While Elevé is the French word for "high," at that dosage, it would be wise for cannabis-naïve patients to start by eating one-eighth, a tiny sliver of a tiny truffle, which is a shame because it's incredibly delicious. High-quality ingredients include maca powder and organic blue agave syrup, organic coconut and cacao.



2ND PLACE Edible Cup **CannaChocolate** Tea House Collective

This tiny, sugarless "Cannachocolate" from Teahouse Collective packs 44mg of "sun-grown Humboldt" medicine into each little package. A great option for those who need a potent treat that also supports sustainable Nor-Cal family farmers,



each chocolate also includes 8mg of CBD, making it perfect for pain patients. This pleasant tasting mint chocolate is made with high-quality, eco-friendly ingredients and the label presents lab-tested information, making Tea House Collective a great example for the industry to follow.



3RD PLACE Edible Cup **Spicy Orange Drops** Greenway Compassionate Relief

Spicy Orange Drops from Amber's Oral Pleasures are ginger-orange cookies with icing, made using all organic ingredients. Chef Amber is a three-time Medical Cannabis Cup champion, winning first place Cups for her blueberry biscotti in 2010 and baklava in 2011.

Unfortunately, the package gave no THC content info, so a patient is left guessing how much THC is inside ("1 cookie = 1 dose"). As delicious as these cookies are, it's easy to overdo it! Our competition lab testing revealed that one cookie contained 88 milligrams of THC, a high dose that means no more than one quarter of a cookie is a good amount to start ingesting.

Additional Awards

CONCENTRATES

1ST PLACE **Hardcore O. G. Budder** Superior Extracts For West Coast Cure THC: 69.2% CBD: 2.9%

2ND PLACE **OG Super Sexy Budder** Otherside Health Management/LACC THC: 66.7% CBD: 1.5%

3RD PLACE **Unfuckwitable OG Wax** Venice Medical Wax Centers THC: 68% CBD: 2.9%

BEST NON-SOLVENT HASH AWARD

Solventless BAMF Mix Hash BAMF Extractions for Buds and Roses Collective THC: 63.7% CBD: 2.1%

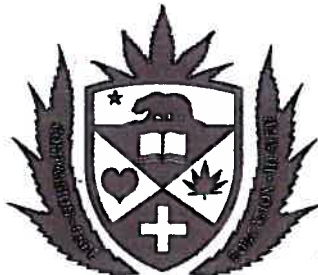
CBD AWARD **MCU ATF Bubble** Hill Farmacy presents Master Control Unit THC: 25.2% CBD: 30.8%



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Jeremy and Kitty Miller, the dynamic cannabis couple behind the world's first cannabis farmer's market.

Taking a Stand

At the World Famous Cannabis Farmers Market in Tacoma, Washington, medical marijuana patients can meet the people and collectives behind their medicine, while becoming fully engaged members of the local cannabis community.

Story by David Bienenstock with photos by Murphy Green

In the heart of downtown Seattle, overlooking the Elliot Bay waterfront on Puget Sound, Pike Place Market has been in continuous operation since it first opened way back in August, 1907. A publicly operated farmers' market that supplies the city's many discriminating foodies seven days a week with the highest-quality local produce, meat and seafood available, Pike Place is also one of Seattle's central tourist attractions—home to dozens of small farm stands, crafters, artists, restaurants, antique shops, bookstores and even the Emerald City's oldest headshop.

So why can't we have something just like that, except for marijuana?

Turns out you can—by heading about

30 miles south to the port city of Tacoma. That's where, two Sundays each month, the World Famous Cannabis Farmers Market brings together as many as 50 different vendors to offer up dry buds, concentrates, edibles, tinctures and topicals to qualified medical marijuana patients in the state of Washington, plus smoking accessories, cultivation supplies and other, ancillary 420-friendly products. You can even get a medicated organic cheeseburger from the food concession out back.

The brainchild of local activist Jeremy Miller, this truly groundbreaking endeavor—the first of its kind in the nation—has grown rapidly from a small, fledgling startup into a highly anticipated community event that draws more than a

thousand patients on a busy day.

"It was amazing how quickly people latched onto the concept once we started," Miller says. "I think that's because this model is just right in line with what they really want, which is direct patient access to their medicine."

Miller initially took an interest in marijuana politics in 1992, after meeting Jack Herer, the legendary author of *The Emperor Wears No Clothes*. In 2003, after years of activism behind the scenes while working as a music promoter, Miller established his first public role in the movement by founding the Olympia Hemp Fest, an annual celebration of that most unfairly maligned and misunderstood of plants. (Continued on pg. 34)



Myles Alexander, from Blue Moon Medicine, was one of the market's original vendors.

"A lot of us never thought we'd see something like this. And now, it's going to be extremely hard to push us back. We can only go forward."



Mary Jane's Glass only stocks "made in the USA" pieces.



Take me to your dealer!



The Kitchen Witch and her spellbinding brews.



Floyd & Liz (center) of High-Class Canna Catering.



Jars of high-quality cannabis on display.



Dedicated activists work to keep market patrons involved.

The Emerald City Goes Green

With the mayor strongly supporting medical cannabis and more than 100 storefront collectives serving patients, Seattle is quickly becoming a national leader when it comes to medical marijuana.

More than a year ago, lawmakers in Washington State passed Senate Bill 5073, which would have allowed for state-regulated medical marijuana dispensaries, patient registries and cooperative growing gardens. Unfortunately, after consulting with the state's two US Attorneys, Governor Chris Gregoire decided to veto key sections of the bill, including all those pertaining to dispensary regulation.

"Growing, distributing and possessing marijuana in any capacity, other than as part of a federally authorized research program, is a violation of federal law regardless of state laws permitting such activities," the US Attorneys had written in a joint letter on the matter. "State employees who conducted activities mandated by the Washington legislative proposals would not be immune from liability under the Controlled Substances Act," they added—thus handing the governor a perfect excuse for blocking patient access.

"I will not subject my state employees to federal prosecution—period," Gregoire announced when vetoing the bill. Fortunately, however, the will of the people would not be entirely subverted. Today, in Seattle and other progressive communities in the state, safe storefront access to medical cannabis remains a reality. Now called "access points," more than 100 such operations have been given business licenses by the city of Seattle alone.

Greta M. Carter, who founded the Coalition for Cannabis Standards and Ethics as a nonprofit coalition and trade organization for the state's medical cannabis businesses, understands that this tenuous situation isn't a total victory, but rather a delicate balancing act fraught with both opportunities and dangers. Prior to starting CCSE (and opening the CARE Wellness Center), she would often interview politicians as a reporter for a local cannabis newspaper, never failing to raise the medical marijuana issue—including asking how to legitimize an industry still operating in a legal gray area.

"The mayor's office, City Council members, the state reps, all said the same thing: 'If, in the absence of there being rules and regulations, you can figure out a way to govern yourself, you will have much more favorable results,'" Carter recalls. "Right now, the doors are opening up—it's an incredible place to be, but that puts even more pressure on us to ensure that we have no black eyes on the community. To do that, we've got to keep monitoring and patrolling our organizations."

Gathering at least once a week to work on meeting self-imposed industry standards and lobbying for common-sense regulations, the CCSE comprises close to 50 members representing more than 80,000 patients, including medical cannabis collectives, growers, edibles companies and other interested parties. The organization has

hosted both City Council members and the head of Seattle's planning commission at its meetings, and CCSE members were influential in helping to pass 2011's Seattle Medical Marijuana Ordinance.

And so, while the state of medical cannabis in Seattle depends on many factors—and no one can say for certain what the next few years will hold—with patients and collectives working together, the future is looking bright green.

MAYOR MIKE SAYS LEGALIZE



"If every elected official who ever smoked marijuana voted to legalize, it would probably be legalized in an instant. We recognize that, like alcohol, it's something that should be regulated, not treated as a criminal activity, and I think that's where the citizens of Seattle want us to go."

—Seattle Mayor Mike McGinn

The crew at Humanity Collective enjoy monkeying around.





'You can go from booth to booth to make comparisons—and most will even let you try before you buy, which is totally unheard of at the storefront collectives.'



Humanity Collective stocks a wide variety of strains. Left: Local entrepreneur Leatan Corbin and partner, the brains behind Zombie Cakes and Organic Healing Salve.

Continued from pg. 31

"And then at some point I asked myself: 'What can I do the rest of the year?'" Miller recalls.

The answer turned out to be the Olympia Patient Resource Center, which initially dispensed information only, mainly about the benefits of marijuana and how local patients could find a doctor and safely source their supply. Within a year, however, Miller decided that he would go a step further and form a state-legal medical cannabis collective—at which point his legal counsel advised him to find a city a bit more friendly to storefront distribution than Olympia.

After he relocated to Tacoma in February 2010, Miller's newly formed Sacred Plant Medicine collective sought to serve patients with top-quality medicine at affordable prices. Things ran pretty smoothly, except that the head of the operation too often ended up turning down growers and edibles-makers hoping to get their products into his dispensary, whose shelf space was limited (mostly due to the restrictions of state law). Miller thought it was a shame that his patients were being deprived of all those different options, and he also had a strong desire to help other collectives working to bring their medicine to patients in a legitimate fashion.

And so the idea of the farmers' market was born. For while Sacred Plant Medicine couldn't offer all of those wonderful

cannabis products on its own, Miller realized that with a slight shift of focus, he *could* create a space for those same vendors to meet face to face with patients, forming a two-way information exchange that would greatly benefit both parties—not to mention tying the local cannabis community together in a way that even the best storefront collectives can't match.

From the market's very first incarnation, which featured just six trepidatious vendors packed into a small space in Seattle, the local media smelled a story. Although he was initially (and understandably) concerned about drawing so much attention to such a new and potentially controversial venture, Miller says that having the first farmers' market featured on the local news not only helped spread the word and draw in new patients and vendors, but also pushed local law enforcement to take a look at this unique model of distribution and set some sort of policy regarding how to deal with it.

In hopes of allaying their concerns, Miller contacted the local authorities and offered them a transparent account of how he ran the market, and why he believed it to be in compliance with Washington state law. For their part, the police never asked for a meeting or even formally replied, but Miller assumes they engaged in some form of fact-finding before at least tacitly countenancing his methods.

"I think they found out that what we told them is very much what's happening."

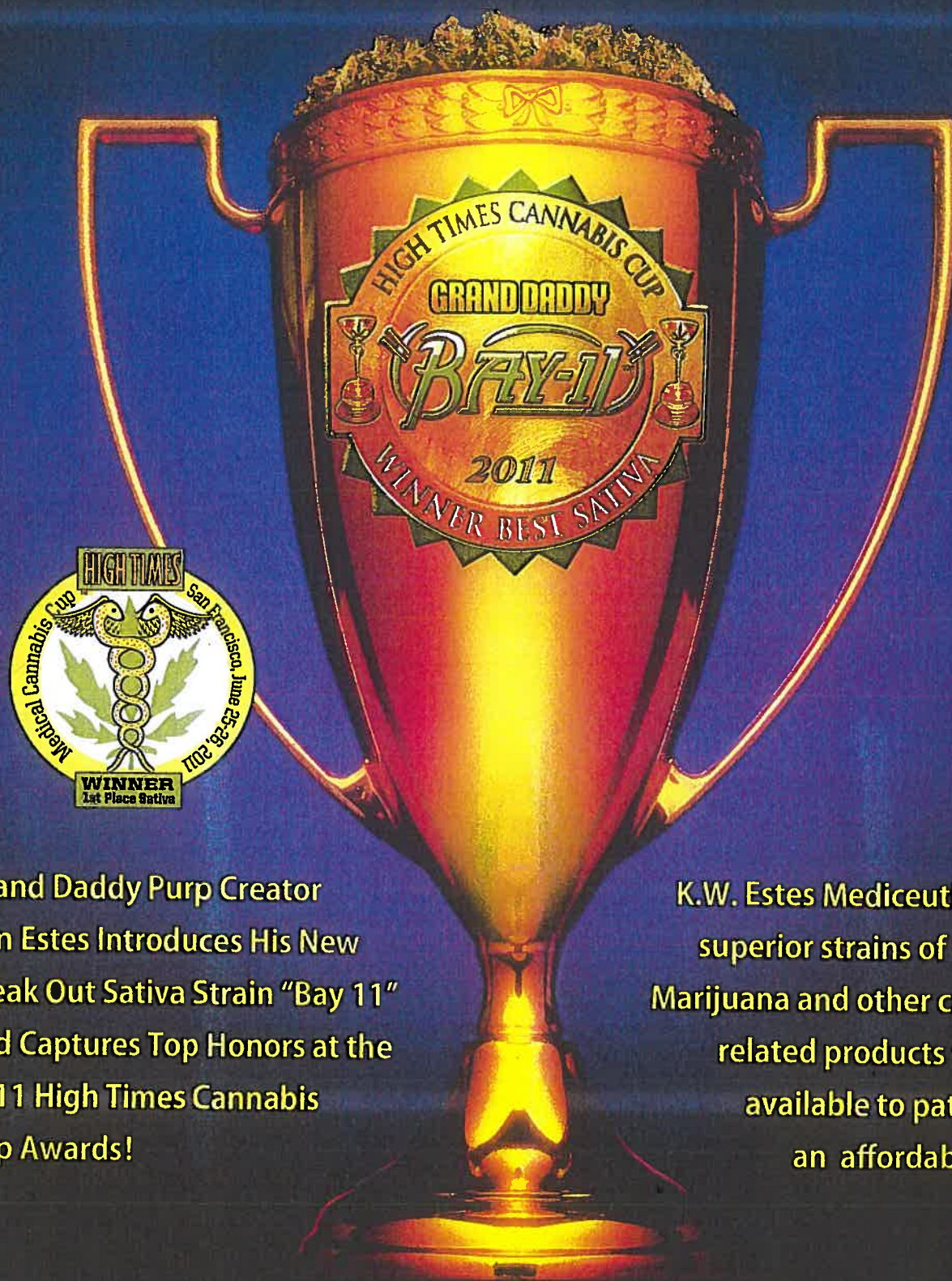
Market Day

Tucked away in an anonymous industrial zone of the city that would otherwise see little or no foot traffic on a Sunday afternoon, the Tacoma Cannabis Farmers Market greets patients at the door with a strong whiff of paradise, followed by a very basic paperwork check to ensure that they're all qualified Washington medical marijuana patients. While they wait in line to sign a one-page application that explains the market's rules, potential new members can chat with cannabis activists who distribute pamphlets, answer questions and collect signatures in support of local petitions.

For Kitty Miller, Jeremy's wife and business partner (as well as the proprietor of Kit-Tea's Medicated Herbal Teas), one of the best benefits of the market experience is the way patients tend to arrive for the first time as relative newcomers to medical marijuana, but soon become transformed into educated, dedicated advocates.

"How are we ever going to legitimize cannabis if we don't get more people to stand up for it?" she asks, while leading a whirlwind tour of the smoke-filled back room that houses the heart of the market. "When people come here, they meet successful people who also openly use this medicine, and leave feeling like they're not so afraid to speak out about it. They finally realize, 'Hey, I was there all day and no police messed with me. I went home with

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Taking a Stand

no problems. This is really legal!”

But first, they must decide what, exactly, to go home with. And that's where having dozens of different vendors vying for your dollars really pays off.

“For the patients, it's phenomenal,” says Miller. “There's no other place in Washington State where you'll get this many options. There's so much variety and so much choice. You can go from booth to booth to make comparisons—and most will even let you try before you buy, which

convivial vibe. They each pay \$250 per market for a stand, and even though they're pitted against each other in some respects in direct competition, they appear to maintain a healthy attitude of being all in it together.

“From the very beginning, everyone was just astounded that we were doing it,” recalls Miles Alexander of Blue Moon Medicine, who brought her signature Kungfoo Goo strain to the very first market back in Seattle. “That was the

At that point, she told her doctor it was time to switch medicines. The results were dramatic: “Not only did cannabis help with pain, it helped ameliorate the underlying condition,” she states. “It was curing me, not just making me feel better.”

When the combination of an economic recession and her newfound, outspoken cannabis advocacy made her “unemployable” at the large software and forest-product companies she'd worked at as a “hired gun” for decades, Jeter wisely decided to transform her passion into a new career.

“I thought, ‘Why not have some clients that I actually like? And maybe I can help people build an industry instead of constantly tearing down and cost-cutting,’” she explains. “I try not to miss a market, because it's always the place to be. Jeremy and Kitty have been torchbearers in this community since day one.”

Rowshan Reordan of Green Leaf Lab is another successful professional who turned her attention to the growing cannabis industry. A bar-certified attorney, she started up the lab last year to provide cannabis testing for potency and contaminants.

“I love the feeling of community at the market, and the friendliness of all the growers and patients,” she says. “So it's really exciting for me to help provide everyone here with scientifically based information about this medicine—and to learn from them as well.”

By the end of the day, the smoke starts to clear as the crowd finally thins out at the market. Most of the patients who remain have finished their shopping, but they're sticking around to talk with friends—both old and new—and to soak up the feeling of freedom and empowerment in the air.

Illness is almost always isolating, and much more so for those ostracized by their families or communities because they choose to use a safe, effective herbal medicine. But the farmers' market model turns that whole equation on its head. “One of the early concerns from law enforcement was that this was ‘just a fun environment,’” Miller recalls. “But I had to explain to them that making people happy is also healthy. It took a little while, but I think it's easy for them to understand in time.”

The Tacoma Cannabis Farmer's Market operates every first and third Sunday of the month. Learn more at cannabisfarmersmarkets.com.



“When patients come here, they meet successful people who also openly use this medicine, and leave feeling like they’re not so afraid to speak out.”

is totally unheard of at the storefront collectives.”

Based on an extremely unscientific survey of the market, popular strains among patients include Blue Dream, Chernobyl, Barry White, Blue Cheese and all manner of Kushes. Vendors stock everything from “top-shelf” buds and high-end concentrates to economy options, plus edibles to suit every taste bud. Kit-Tea’s alone offers over 70 varieties of marijuana-infused tea blends, many of which contain additional medicinal herbs such as valerian root, kava, devil’s claw, primrose, lavender, nettle, licorice, saw palmetto and poppy flower.

Meanwhile, after making just a single lap of the market, it’s abundantly clear that the vendors also enjoy the highly

biggest reaction—just *shock*. People kept asking themselves, “Is this really happening?” Because a lot of us never thought we’d see something like this. And now, it’s going to be extremely hard to push us back. We can only go forward.”

Cat Jeter, owner of the Pacific Northwest Hemp Company and a certified public accountant now specializing in the medical marijuana industry, agrees. Eight years ago, her medications to treat an autoimmune disease cost up to \$6,000 per month. “When I looked at what medical science had done in the name of a cure, I saw that they had made me much worse,” she says. “I was depressed—I weighed a hundred pounds more than I do now. And that was all over something that’s not terminal, but chronic.”

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High & Healthy



With the nation's leading raw foods chef soon to debut a new line of marijuana-infused edibles, and with dispensaries nationwide starting to provide healthier alternatives to the pot brownie, there's never been a better time to investigate cannabis as part of your highly balanced diet.

By Elise McDonough



Medicated raw Blueberry Chia Seed Pudding from Brotman and Union Collective.

Hailed by the New York Times as "America's #1 premier raw living chef," Juliano Brotman is very passionate about healthy

living, including eating a diet of exclusively organic, plant-based vegan foods, practicing yoga regularly and vaporizing Humboldt County's finest outdoor organic cannabis flowers.

A true pioneer who helped to popularize the concept of raw cuisine worldwide, Brotman first learned the culinary arts from his father (also a chef), but soon rejected the idea of cooking and eating meat in favor of developing new "raw" recipes by manipulating ingredients with a variety of techniques like dehydrating, soaking and blending to create dishes bursting with fresh, bold flavors. Brotman shares the results with the public at Planet Raw, his restaurant in Santa Monica, CA—one of the most venerable institutions on the raw foods scene. And soon, state-legal medical marijuana patients will be able to purchase cannabis-infused versions of his most popular desserts through a partnership with the Union Collective in Los Angeles. Raw cheesecakes, chocolate truffles, Irish moss parfait and even unique drinks like medicated kombucha tea and coconut water will all be available.

"This new business is important to me because, as a connoisseur, I like being able to choose edibles made with great outdoor organic cannabis—and I also believe there's no reason to cook all the other ingredients," Brotman says.

Left: "Espresso Yourself" raw truffle from Inner High Co-Op.
Right: Juliano Brotman, a creator of raw cuisine.

When preparing raw cuisine, ingredients must be kept below 115°F at all times, preserving the nutrients and beneficial enzymes destroyed at higher temperatures.

"We want the greatest healing potential possible for our patients," says a Union Collective staff member. "A lot of the edibles that are out there, with all the refined sugar—it's just like candy with a high. The pairing of cannabis with raw foods gives a certain nutritional boost, which is its own kind of high, along with the medicine."

Even as the cannabis edibles industry in legal medical marijuana states continues

to grow in size and professionalism, it remains perplexing to find so few healthy choices on the shelves of dispensaries, which overwhelmingly traffic in refined white sugar—a truly addictive and harmful substance (unlike pot). Aside from contributing to our national epidemics of obesity and diabetes, sugar feeds cancerous cells and nourishes a host of diseases.

"White sugar is the last thing you want to eat when you're trying to beat cancer," says Naomi Weiner, proprietor of the Inner High Co-Op in Santa Cruz. "I was just in a dispensary the other day, and I saw big, huge bricks of sugary Rice Krispies treats. I hope patients would know better than to consume that—it's not a judgment, it's more of a concern. When I had my health scare with cancer years ago, the first thing I was told by a nutritionist was not to consume sugars—especially processed white sugar."

Determined to provide an alternative, Naomi has been offering cannabis-infused treats made with superfoods like maca, yacón root and Peruvian lúcum powder—an organic, low-glycemic sweetener—since 2010 through her delivery service. Her most popular product is the Peppermint Pammy, a raw, vegan chocolate bon-bon with an "invigorating, minty filling of coconut and creamed cashew."

The good news is that, as more and more patients become educated about the effects of diet on their health, the demand for better alternatives has been growing, making room for niche producers. Even the more traditional medical marijuana edibles-makers have started adapting by adding new product lines.



High & Healthy



Cannabis-infused vegan ice cream from Dixie Elixirs, and Auntie Dolores' medicated savory pretzels, caramel corn and spiced peanuts.



Juliano's Raw Vegan Cannacocoa Treats

Ingredients:

- 1 cup coconut oil
- 1 cup cocoa butter
- 2 oz. outdoor medical marijuana
- 1 cup honey
- 1 tbsp. ground clove
- 2 tbsp. vanilla
- 1 1/2 cups of raw cocoa powder
- dash of salt

Grind all marijuana until it's a fine powder. Get the coconut oil and cocoa butter warmed up to about 115°F. Stir marijuana in. Leave in and stir frequently for at least one hour or up to five hours. Mix in all ingredients and stir until mixed together. Form mixture into balls and put in the fridge overnight to set. Enjoy! Stones 4 to 6

"White sugar is the last thing you want to eat when you're trying to beat cancer."

Julianna Carella, founder of Auntie Dolores, a San Francisco-based bakery, still sells a lot of her popular brownies and cookies, but she's also added vegan, sugar-free and gluten-free items. "We have a lot of cancer patients using our products, and they don't want sugar, so they go for the sugar-free options, which are savory pretzels, chili-lime peanuts and Italian cheese crackers."

A NorCal native with training in homeopathy, Julianna has adopted a "small bite, large taste" philosophy in order to avoid having her customers ingest large portions of sweets just to feel the medicinal effects. "We figured out how to make our extract so strong that you only need a little bit to make that product very potent, enabling smaller portion sizes."

Appealing to patients with dietary restrictions was also the motivation for Dixie Elixirs and Edibles, one of Colorado's leading medical marijuana edibles companies, to develop their Dixie Chills line of vegan, lactose-free and gluten-free medicated ice creams. "We design the products to serve the greatest amount of patients that we can," says Tripp Keber, managing director for

Dixie. "When we designate a product as a medicine, we want to assure that the largest number of patients can get access to it."

Medical cannabis patients without access to a dispensary, or in search of their own ideal edible, can easily make their own cannabis-infused foods at home. *The Official HIGH TIMES Cannabis Cookbook* includes a wide variety of healthy options, and most standard cookbook recipes can be adapted for edibles as well. So now there are no more excuses: It's time to cut back on sugar, fats and other unhealthy ingredients, and start seeking out food that will nourish your health and support the healing power that cannabis provides. ✨

For more edible cannabis recipes, check out hightimes.com/blog/emcdonough.

Cannabis superfood sampler from Inner High Co-op.



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Using a proprietary extraction process and a strain of high-CBD hemp grown in a secret, foreign location, Colorado's Dixie Elixirs and Edibles now offers a new product line called Dixie X, which contains 0% THC and up to 500 mg of CBD. This new CBD-rich medicine will be available in several forms, including a tincture, a topical and in capsules.

Promoted as "a revolution in medicinal hemp-powered wellness," the non-psychoactive products will first roll out in Colorado MMCs (medical marijuana centers), with

plans to quickly expand outside the medical-marijuana market.

"It has taken a tremendous amount of time, money and effort, but finally patients here in Colorado—and ultimately all individuals who are interested in utilizing CBD for medicinal

benefit—will be able to

have access to it," says Tripp Keber, Dixie's managing director. "We are importing industrial hemp from outside the US using an FDA import license—it's below federal guidelines for THC, which is 0.3%—and we are taking that hemp and extracting the CBD. We have meticulously reviewed state and federal statutes, and we do not believe that we're operating in conflict with any federal law as it's related to the Dixie X [hemp-derived] products." *



Cannabis Superfood Sandwich

Chef Mike Delao of Cannabis Planet TV has been seeking the best way to administer marijuana as an edible medicine for years. He cut out sugar and animal fats after learning that eating those foods causes the body to expel energy constantly in order to digest.

"This is an issue for patients who are sick," Chef Mike explains. "They need their bodies to fully absorb the natural essential oil from cannabis, so they can receive the medicinal properties of the plant. I want patients' bodies to spend energy on healing, not digestion."

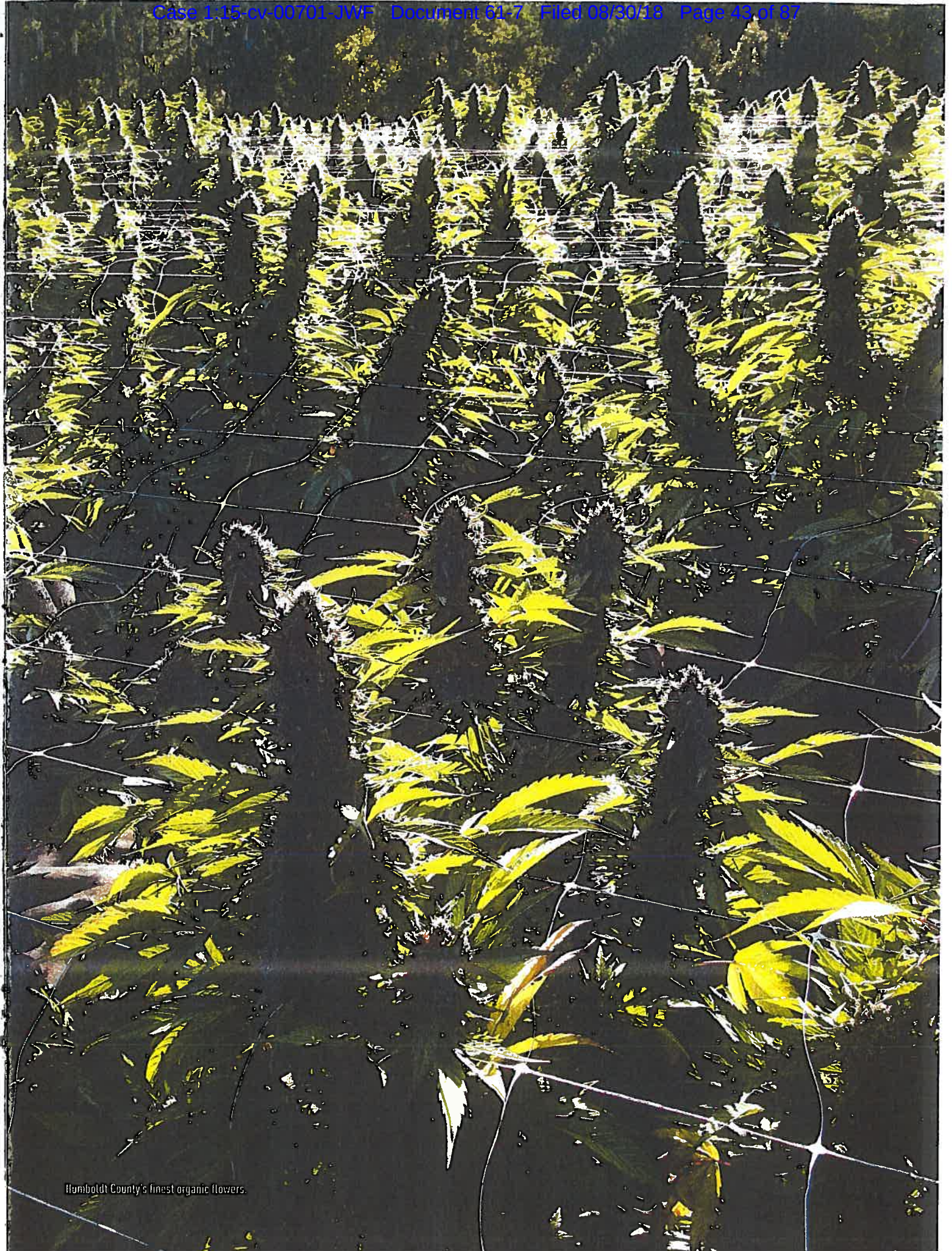
At Earthly Juices, a detox juice bar in Tustin, CA, Chef Mike discovered that by consuming all natural plants and elixirs, the body can be healed. "My advice is to detox cleanse your body, and then start to eat foods like this recipe. It has a good amount of healthy fat that the body can burn quickly while keeping your insides fresh and clean!"

Ingredients:

- 2 tablespoons medicated coconut oil*, warm enough to spread
- 1 avocado, sliced
- 1 teaspoon sea salt
- 1 lemon, juiced and some sliced thin for garnish
- 4 slices of tomatoes
- ¼ cup cilantro, chopped
- 4 Wasa crackers

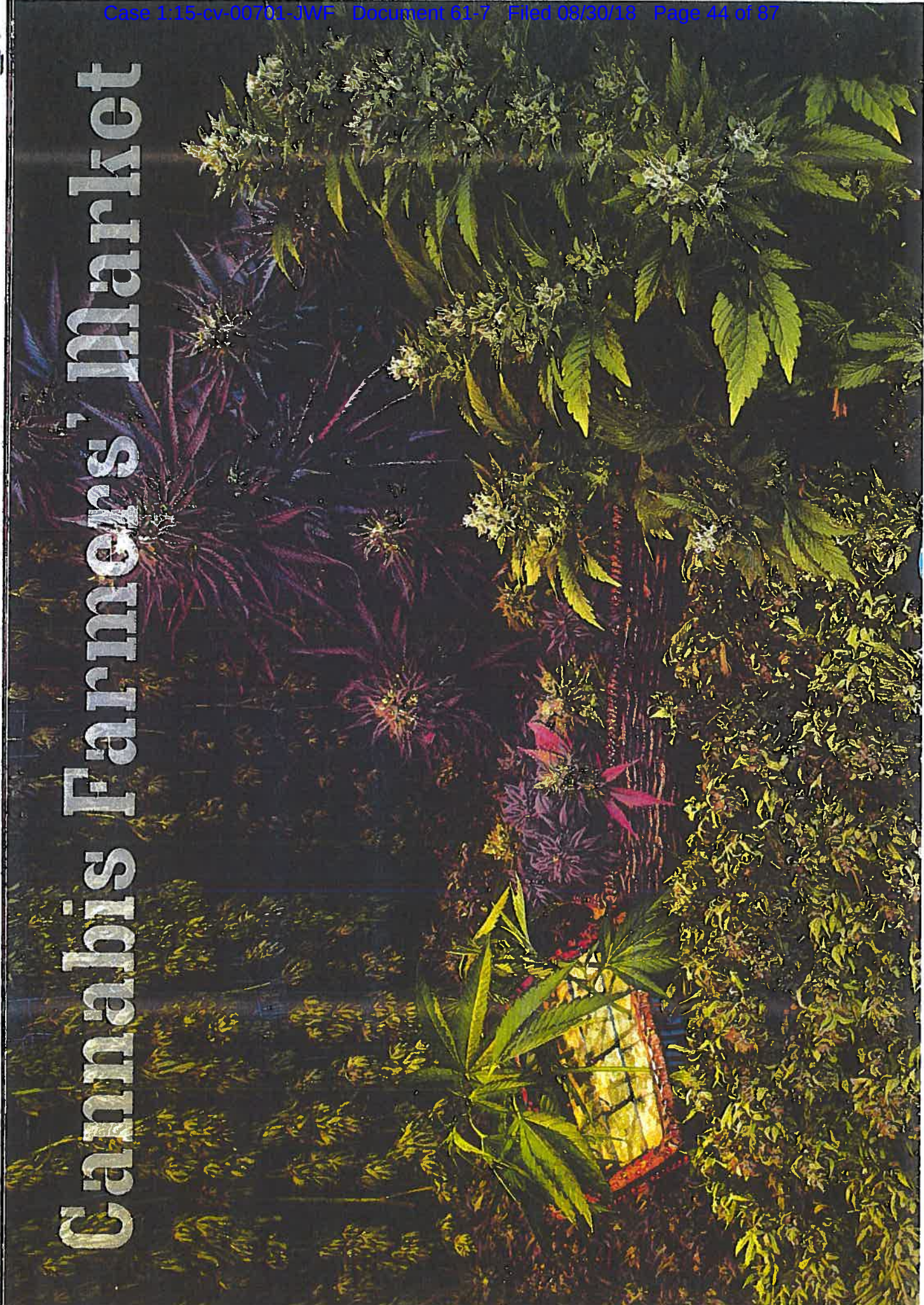
Spread the infused coconut oil on the crackers, sprinkle some sea salt, then layer the slices of avocado, then tomato, add lemon juice, cilantro and garnish with fresh cannabis leaves. *Stones 2*

*To infuse cannabis into coconut oil, simmer 1 oz of cannabis buds in 2 oz. of coconut oil and ¼ cup water on low heat (or in a Crockpot) for six to 12 hours. Strain with cheese cloth, and let cool in the refrigerator. Separate the hard coconut oil from the liquid and use as directed. Enjoy!



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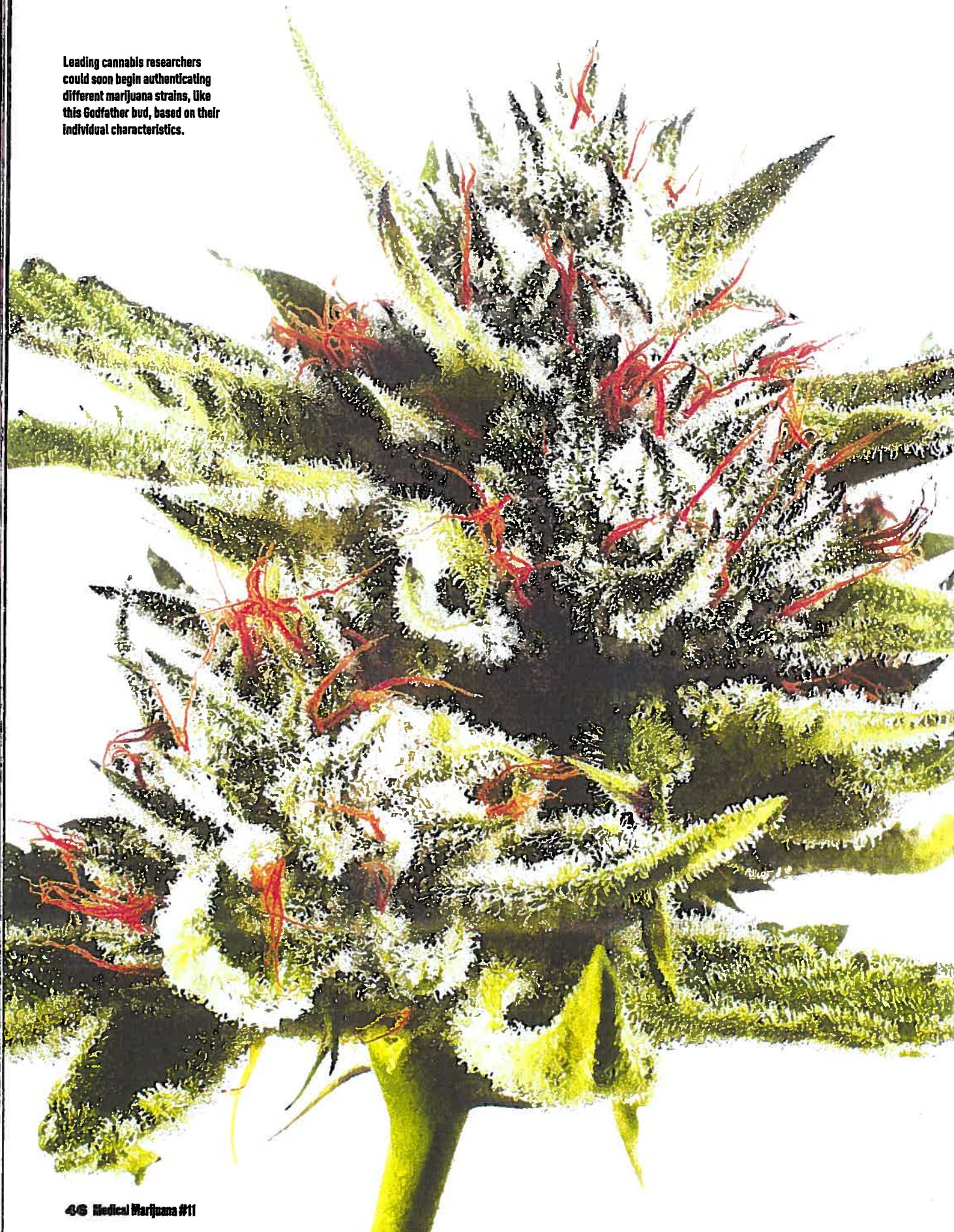
Cannabis Farmers' Market



HIGH TIMES Medical **Marijuana**



Leading cannabis researchers could soon begin authenticating different marijuana strains, like this Godfather bud, based on their individual characteristics.



The Highest Standards

With the federal government continuing to deny the tremendous health benefits of marijuana, a group of the nation's leading herbalists will soon step forward with a comprehensive analysis of cannabis as a botanical medicine—including an effort to establish standards and best practices for this budding industry.

By David Bienenstock



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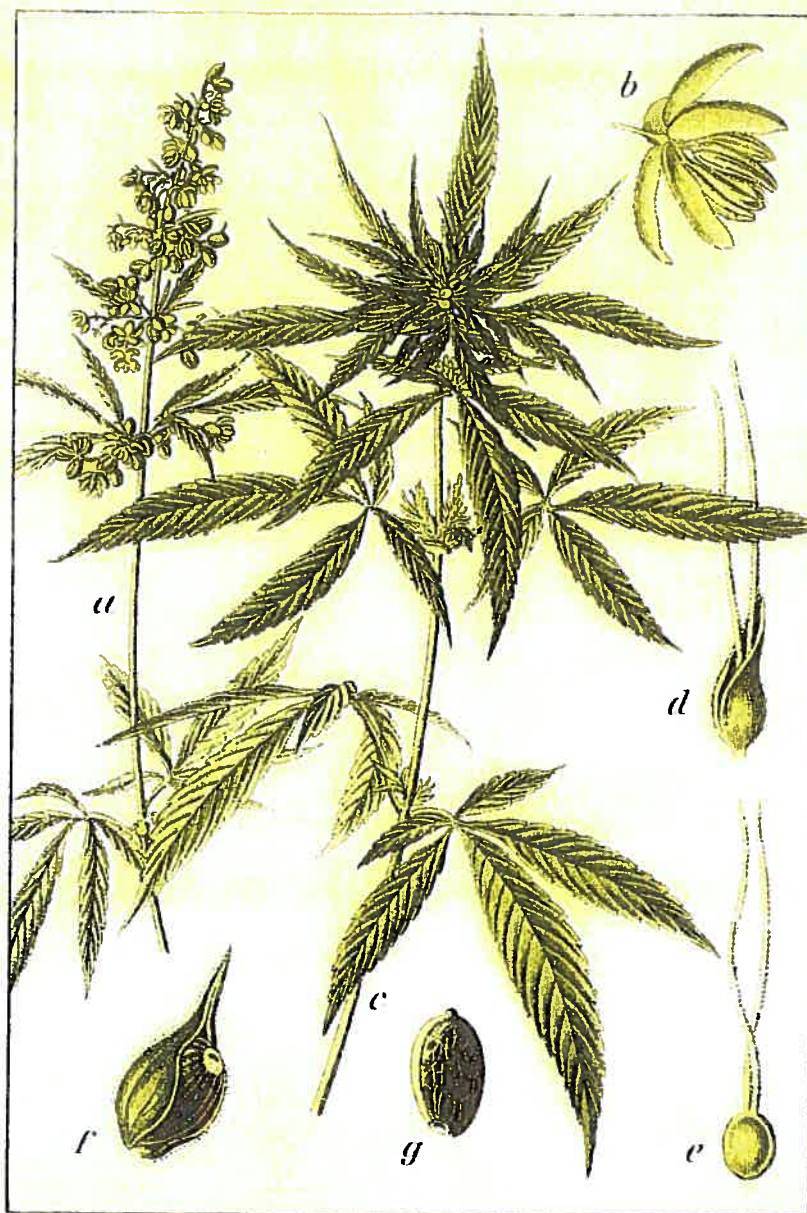
he American Herbal Pharmacopoeia (AHP), in collaboration with the medical marijuana advocacy organization Americans for Safe Access and some of the world's leading

cannabis researchers, has embarked upon a potentially historic project to subject the existing scientific and medical literature on cannabis to critical review and establish scientifically valid standards for identity, purity, quality and testing—the informational foundation needed for the development of any medicine. The resulting work will be published in 2013, in the form of an official AHP monograph, joining 30 other botanicals already fully characterized in this way.

Internationally, AHP's monographs have earned a reputation for being among the most comprehensive and rigorous works on botanical medicine in the world. Having such a document available for the still-controversial and widely misunderstood cannabis plant will provide the basis for a more reasoned and rational discussion among doctors, patients, lawmakers and the general public.

AHP was founded in 1995 to help establish a similar scientific foundation for a wide variety of traditional herbal medicines in the US, many of which, while perfectly legal, were viewed with skepticism by the government and society at large. Familiar prejudices against botanical medicines included the charge that their supposed benefits were nothing more than "old wives' tales," and that they were worthless or even potentially dangerous. Partly through the work of AHP, however, this attitude has since changed dramatically, to the point where approximately 70 percent of the American public now uses herbal dietary supplements, and the multibillion dollar industry that produces them works cooperatively with regulators to solve quality control issues.

As a necessary first step to this kind of regulated distribution for cannabis, the AHP monograph will be designed to



"Standards are a necessary component of every budding industry and this includes the budding cannabis industry."

provide standards that can then be applied by individual consumers, growers, sellers and those in the development of either crude or highly sophisticated botanical drug preparations.

"Whether regulated by government, a trade association or some other self-regulatory model, such standards are beneficial in creating a level playing field where everyone has agreed-upon goals to assure the quality and safety of the product," says Roy Upton, executive director of the American Herbal Pharmacopoeia. "The way to achieve those goals must remain completely transparent,

and there must be a way to objectively ensure those goals are being met. Standards are a necessary component of every budding industry—and this includes the budding cannabis industry."

Each monograph also highlights the challenges and concerns with a particular botanical, including the potential for contamination or fraud. Prior to publication, all monographs are subjected to a peer review process conducted by medicinal plant researchers worldwide, including experts in botany, chemistry, pharmacology, toxicology, pharmacy and traditional herbal medicine.

Left: This detailed engraving first appeared in a book describing German flora in 1662, back when marijuana was widely considered a botanical medicine, not an illegal drug.

'Once completed, the American Herbal Pharmacopoeia's monograph will be the most complete and critical review of cannabis in the English language.'

Up to Our Standards

The cannabis industry must develop standards to meet two primary needs: first, the need of patients to get what they expect when purchasing a medicine, namely a substance that gives them their money's worth, that is safe and effective for its intended use, as well as free of contaminants and impurities that could present potential health risks; and, second, the need of the industry to address the issues associated with the growing, manufacturing, storage and regulation of this medicine.

Ultimately, the goal of such standards is to ensure that a product is made in such a way that the consumer will get what they need and expect to get on a consistent basis. These standards are traditionally implemented via a set of guidelines known as Good Manufacturing Practices (GMPs). Foods, drugs, dietary supplements, medical devices, water-dispensing machines, fast-food restaurants, equestrian helmets and almost everything else we use or consume on a daily basis are made according to GMPs. But, currently, there are no such standards or GMPs for the production and sale of cannabis, which means that some plants will be grown outdoors following the principles of organic cultivation, some will be grown outdoors using chemical fertilizers and pesticides, and others will be grown indoors under artificial light, perhaps laden with pesticides, hormones, growth regulators and any number of additional chemicals that—if smoked—patients are essentially mainlining.

One such pesticide used in growing cannabis is daminozide (trade name Alar), which was voluntarily removed from use on apples when the Environmental Protection Agency (EPA) threatened to ban it based on the high cancer risk to consumers. The uncontrolled use of such chemicals not only puts patients at risk (especially those with already compromised immune systems), it also undermines the entire concept of using cannabis as a medicine.

Testing the Testers

In addition to the need for its products to be verifiably free of potentially toxic chemicals, the medical cannabis industry also needs to establish standardized lab-testing requirements. Keep in mind that different analytical techniques for determining the chemical composition of a marijuana sample have different levels of sensitivity and therefore produce different results. An identical sample of cannabis submitted to 10 different testing regimens can therefore yield 10 different results—and if the analytical methods aren't properly validated, even 10 labs using the exact same method can still yield 10 different results.

In an industry driven by economics, it's easy to see the incentive to give the customer what they want—which means that a lab might be tempted to use whichever method produces the highest readings for THC or CBD, rather than a more appropriate (and accurate) method that yields only a fraction of that result for the same sample. Also, for an analytical method to stand up to scrutiny, it must be transparent and reproducible—but, at present, many labs involved in the analysis of medical cannabis in its various forms promote the use of "proprietary" methods, leaving the dispensing and consuming portion of the community with little assurance of the true quality or potency of the product. Industry standards would address this by establishing which analytical techniques are appropriate for the quantification of cannabis compounds.

A Bright Green Future?

The very purpose of an AHP monograph is to provide the information needed to guide the industry and consumers on all aspects of an herbal medicine's use. The cannabis monograph will begin with a section on "Botanical Identification." The next physical test is "Macroscopic Identification," which will prove most useful for dispensaries and users, as it describes what the plant looks, tastes,

feels and smells like, including important subtleties that speak to its quality. Next comes "Microscopic Identification," examining what the cell structure of the various plant parts looks like. With microscopy, one can identify not only the appropriate cell structures, but also the presence of adulterants, contaminants and molds. This is especially important for material that is not in its whole form.

After these tests establishing physical identification, each AHP monograph addresses "Commercial Sources and Handling," providing guidance on the proper growing, harvesting, drying, storage and processing conditions, including for such things as making tinctures and oils. This is followed by a section on "Constituents and Analysis," which provides scientifically valid test methods for the identification and quantification of key components, most notably THC, CBD and terpenoids. Additionally, standards will be set for the amount of contaminants and miscellaneous plant parts allowed in medicinal material, as well as proper moisture content.

After the quality control data, the monograph will present a rigorous survey of the "Therapeutic and Safety Information" available on cannabis. This section will include the various modes of administration, including smoking, teas, tinctures, oils, etc., depending on what preparations were used in the research.

"Once completed, the AHP monograph will represent the most complete and critical review of cannabis in the English language," says Upton. "It will provide the identity and quality control guidance required and requested by states that have adopted medical marijuana initiatives, as well as serve as a foundation for a larger conversation regarding the current scheduling and medical utility of cannabis in an unbiased fashion." 🌿

For more information on the American Herbal Pharmacopoeia, including how to order a copy of their forthcoming cannabis monograph, visit them on the web at herbal-ahp.org.

Weil Style

Best-selling author and leading natural medicine expert Dr. Andrew Weil sees a bright green future for cannabis as a whole-plant medicine.

By David Bienenstock

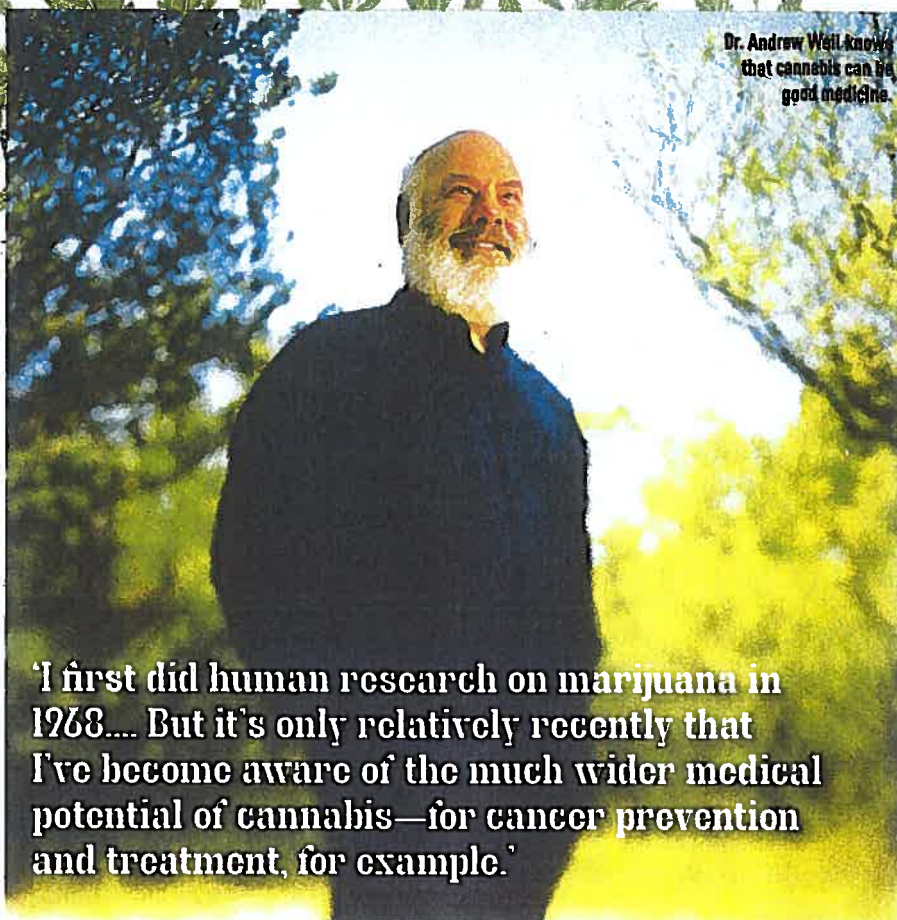
As one of the founders of the integrative medicine movement, which attempts to bring together the best of traditional, conventional and alternative healing, Dr. Andrew Weil has been at the forefront of the natural health and botanical medicine movement since graduating from Harvard Medical School in 1968. The author of bestsellers like *From Chocolate to Morphine: Everything You Need to Know About Mind-Altering Drugs* and *Natural Health, Natural Medicine* was also an early contributor to *High Times* magazine back in the 1970s, and he's continued to strongly support research into the medicinal properties of cannabis ever since.

When did you first realize that cannabis has medical benefits?

I did human research on marijuana in 1968, so I read all of the literature on it. Then, in the early 1970s, I learned of its use for muscle spasticity, nausea and glaucoma. But it's only relatively recently that I've become aware of the much wider medical potential of cannabis—for cancer prevention and treatment, for example.

What else has science learned about cannabis since your earliest experiments?

Oh, I think a tremendous amount. First, that the endocannabinoid system is distributed throughout the body and is involved with our defenses against many different diseases. Also, and this is something I've been saying for years, but now there's strong evidence showing that whole-plant cannabis is very different from delta-9-THC. So when the government says that doctors should prescribe Marinol [a pharmaceutical medication containing synthetic THC] instead of herbal cannabis, that's just not consistent with what we now know about the plant.



Dr. Andrew Weil knows that cannabis can be good medicine.

'I first did human research on marijuana in 1968.... But it's only relatively recently that I've become aware of the much wider medical potential of cannabis—for cancer prevention and treatment, for example.'

Why is Marinol not sufficient?

It simply does not reproduce the action of whole cannabis. A general principle of botanical medicines is that complex plants are not the same as isolated components of plants. In the case of marijuana, for example, clearly CBD is very important in the reduction of cancer risk, and you're not getting any of that with Marinol. From my experience, Marinol also fails to address muscle spasticity, nausea and other ailments. It simply doesn't have the broad medical potential of whole cannabis.

Given that broad and exciting potential, why do you think we continue to see so much resistance to whole-plant cannabis medicine from the federal government?

I honestly don't understand why the federal government is taking such a hard line. I think clearly we are on the road to legalization of cannabis, but it's going to be a rocky, bumpy road. And we just have to work through all that. Marijuana is becoming an accepted substance in our society, and part of that acceptance will be as a medically usable drug.

Is the pharmaceutical industry part of the problem?

I don't think so—or I think that's a minor

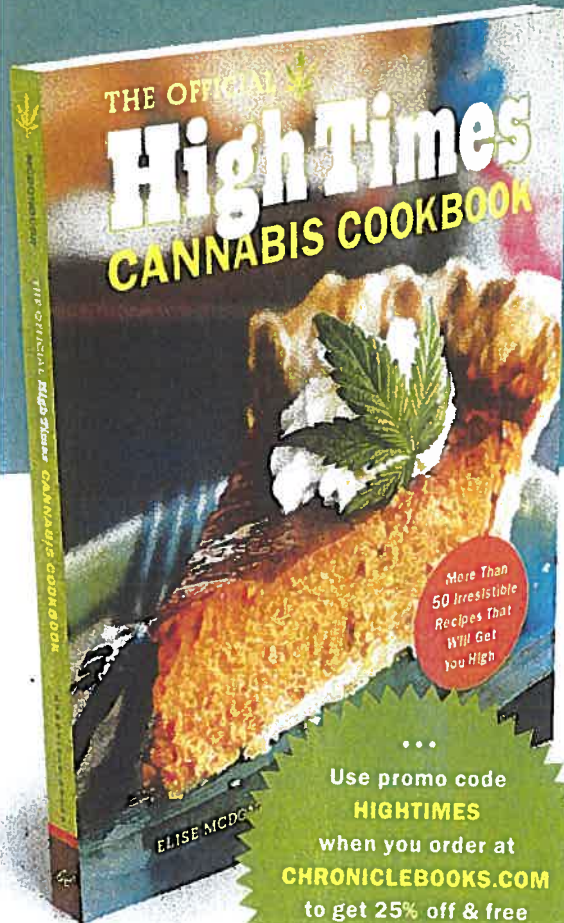
thing. There are a lot of vested interests out there that don't want things to change. I doubt the pharmaceutical companies are a big part of that.

But if marijuana can be used to reduce or replace so many different, costly pharmaceutical products, that has to be a serious threat to the bottom line of those who hold those patents and sell those drugs, right?

Possibly. But I think they're probably busy working on patentable cannabinoid analogs.

You've had a lot of experience bringing botanical medicines and alternative health to mainstream audiences. I'm wondering if you can offer the medical marijuana movement any advice on how to do that effectively?

Constantly stress that cannabis is a natural product with virtually no toxicity and huge medical potential. Like other botanical medicines, the plant's chemical complexity is what accounts for its benefits, so it's a mistake to isolate components of it. And it's very silly that we have excluded this from our available medical drugs.



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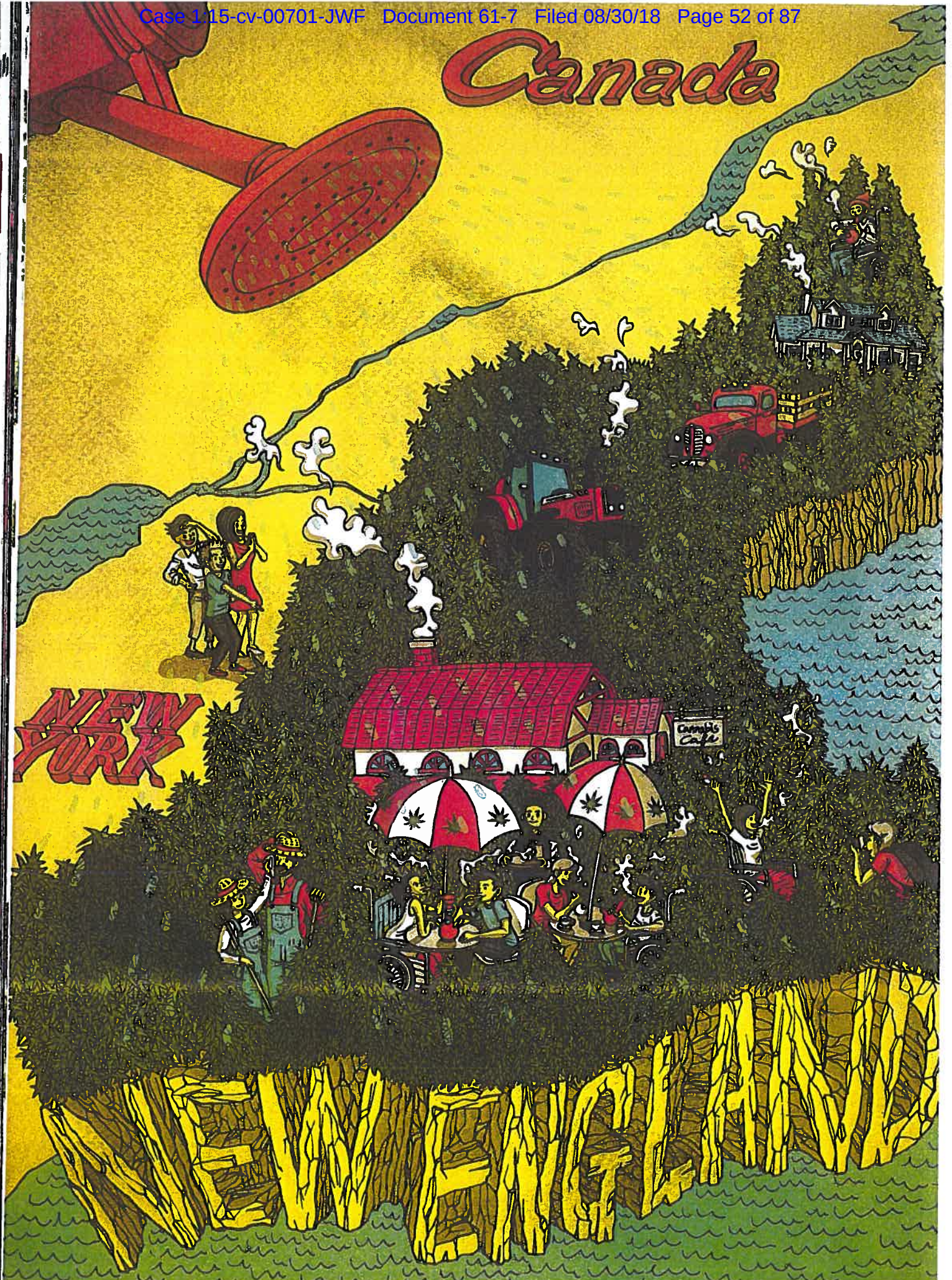
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Despite ongoing opposition from the federal government, medical marijuana continues to advance across the nation—including in Connecticut, the latest state to go green.

Story by Paul Armentano. Illustration by Dongyun Lee

Upon taking office in 2011, Connecticut's Democratic Gov. Dannel Malloy made it clear that he favored marijuana law reform in the Nutmeg State. And it turns out he wasn't kidding.

Less than two years into his inaugural term, Malloy has already overseen dramatic changes in the way Connecticut addresses cannabis. First, he signed legislation into law reducing marijuana possession from a criminal misdemeanor (punishable by up to one year in jail and a \$1,000 fine) to a non-criminal infraction (still punishable by a fine, but with no arrest, jail time or criminal record). The immediate result: Since the law took effect last July, marijuana arrests have fallen by more than 75 percent statewide.

Then, on June 1, Malloy followed up by approving Public Act 12-55, an Act Concerning the Palliative Use of Marijuana, making Connecticut the 17th state in the nation—and the fourth in New England—to authorize the limited legalization of marijuana for medicinal use.

"For years, we've heard from so many patients with chronic diseases who undergo treatments like chemotherapy or radiation and are denied the palliative benefits that medical marijuana would provide," the governor announced upon the bill's passage. "With careful regulation and safeguards, this law will allow a doctor and a patient to decide what is in that patient's best interest."

Malloy's accomplishments stand in sharp contrast to the legacy of his predecessor, former Republican Governor Jodi Rell. In 2007, Rell vetoed legislation that would have allowed state-registered patients to grow and possess small quantities of cannabis, alleging that a change in the law would "send the wrong message" to young people since so many pharmaceutical options were already available. Lacking the votes to override her veto, local lawmakers and many marijuana law reform advocates all but abandoned efforts to move similar legislation forward—until Governor Malloy was sworn into office. At that point, a coalition of regional and national groups, including the American Civil Liberties Union, Law Enforcement Against Prohibition, Students for Sensible Drug Policy, the newly reconstituted Connecticut NORML, A Better Way

Foundation and others sprung into action.

For Erik Williams, director of Connecticut NORML, the passage of Public Act 12-55 represented the culmination of a proposed five-year plan for marijuana law reform in the state—in a little under two years.

"When I formed Connecticut NORML 18 months ago, I wrote a five-year plan with the goal to decriminalize possession and legalize medical marijuana. I never would have dreamed we could do it as quickly as we did," said Williams, a longtime grassroots organizer who assisted the governor's office in drafting the new law and, along with the chapter's communications director, Peter Angini, generated more than 36,000 phone calls and emails to lawmakers in support of the measure.

The Connecticut Senate's most hardcore prohibitionist, Republican Toni Boucher, predictably led the opposition to the measure, railing against the use of cannabis therapy under any circumstances and alleging that "marijuana is a harmful, Schedule I, federally illegal drug that does not save or improve lives [and] can undermine the seriously ill's best prospect of recovery." Lawmakers were largely unmoved by Boucher's ranting—including a 10-hour filibuster on the Senate floor on the eve of the bill's passage—and ultimately approved the law by a vote of 117 to 64. In fact, the only confirmed consequence of the filibuster was that the bill reached the governor's desk at the unusual hour of 2:30 a.m.

Williams believes that the focus of pro-reform advocates on putting medical cannabis patients and physicians in front of decision-makers helped to stymie Boucher's reefer-madness rhetoric. One such physician was Alan Shackelford, MD, a Harvard Medical School-educated internist and former Harvard Research Fellow who now specializes in medical cannabis evaluations in Colorado. On three separate occasions, Shackelford flew from Denver to Hartford to provide the governor's office and lawmakers with a physician's perspective on the many compelling reasons for approving the medical cannabis legislation. Ultimately, lawmakers found the testimony of patients and doctors to be far more convincing than that of their credibility-challenged opponents. As Shackelford noted: "Once you've looked patients in the eye, the

IT'S A NOR'EASTER!

Long identified with the laid-back West Coast, serious marijuana law reform has been taking New England (and other Northeastern states) by storm.



MAINE

Following the passage of a 2009 ballot initiative, Maine lawmakers in 2010 approved language authorizing the creation of up to eight nonprofit medical cannabis dispensaries—one for each of the state's "public health districts." This past May, the last of these facilities finally opened its doors.

To date, Maine is one of only three states in the country to have state-licensed medical marijuana up and running (joining Colorado and New Mexico). Thus far, the operations have drawn virtually no criticism from local politicians or state law enforcement; nor have they been targeted by Justice Department officials on the federal level. Maine voters initially authorized patients to grow and possess cannabis with a doctor's recommendation in 1999.

MASSACHUSETTS

Voters this November will decide on a statewide ballot measure to legalize the use and distribution of medical cannabis to qualified patients. If approved, the measure would allow state regulators to license several dozen dispensaries statewide to produce and dispense marijuana to eligible patients.



Massachusetts' voters have historically backed marijuana law reform measures at the ballot box. In 2008, 65 percent approved a ballot initiative decriminalizing marijuana-possession offenses. Recent statewide polls indicate that voters will continue to maintain their support for legalization come election time, despite opposition from the Massachusetts Medical Society, which is campaigning against the measure.

NEW HAMPSHIRE

New Hampshire House and Senate lawmakers gave final approval in June to Senate Bill 409, which allows for the personal possession, cultivation and use of cannabis for medicinal purposes. More than two-thirds of House lawmakers endorsed the measure, while the Senate voted 13 to 9 in favor of the legislation, which is opposed by the state's Democratic governor, John Lynch. The four-term Lynch, who recently announced that he would not seek re-election in 2012, has historically stood in the way of marijuana law reform in the Granite State, including by publicly speaking out against efforts to decriminalize marijuana-possession offenses. In 2009, Lynch vetoed a proposed medical-marijuana program that would have been among the most restrictive in the nation, claiming that the measure lacked sufficient controls.



efficacy of medicinal cannabis is no longer theoretical—it's personal."

Unfortunately, despite Governor Malloy's signature, questions still remain regarding Connecticut's new law, which takes effect on October 1, 2012, and how effective it will be in meeting patients' needs—starting with the relatively restricted list of qualifying conditions. Illnesses such as cancer, Crohn's disease, epilepsy, glaucoma, HIV, multiple sclerosis, Parkinson's disease, post-traumatic stress disorder and spinal cord injury all qualify, but chronic and neuropathic pain do not (though new conditions may be added pending approval from a soon-to-be-created eight-member Board of Physicians, which will meet twice a year).

Registered patients in Connecticut will be able to obtain a one-month supply of cannabis from state-licensed dispensaries, which are required to keep a licensed pharmacist on staff.

Further, the Nutmeg State's nascent law doesn't explicitly permit qualified patients to privately cultivate their own cannabis—but it doesn't explicitly forbid this activity either. In fact, in an April 2012 story published by *CT.com* and republished nationwide, Michael Lawlor, undersecretary of criminal-justice policy and planning for Gov. Malloy, acknowledged that patients who wish to grow a limited number of plants likely may do so, though he suspects the majority will not. "As a practical matter, most of the people who would use this couldn't be bothered to grow it themselves," Lawlor said.

What the law does specify is that registered patients may obtain a one-month supply of cannabis from state-licensed dispensaries, which are required to keep a licensed pharmacist on staff. Connecticut's law also prohibits dispensaries from obtaining cannabis from any source other than a licensed producer, with no more than 10 permitted statewide. (Thinking of applying for a cannabis producer's license? It will cost you a non-refundable fee of at least \$25,000.)

According to Williams, the law's limitations were a necessary (though far from ideal) compromise to ensure the act's passage. "Connecticut has an opportunity to be a leader in America on this issue," he said. But only time will tell what happens next. ✱

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IT'S A NOR'EASTER!

continued from page 54

NEW JERSEY

Members of the NORML Legal Committee in April filed suit against the state of New Jersey over regulators' failure to enact even a single provision of the Compassionate Use of Medical Marijuana Act, which was signed into law on January 18, 2010, but has yet to be implemented by the administration of Governor Chris Christie. Named in the suit are Department of Health and Senior Services Commissioner Mary O'Dowd and retired state police lieutenant John O'Brien, the newly appointed director of New Jersey's medical-marijuana program. "We are filing suit

to require the DHHS to do what every other citizen must do—follow the law," the attorneys stated upon announcing the suit.

Legislation to decriminalize the non-medical possession and use of marijuana also remains pending in the Garden State. In May, members of the Assembly's Judiciary Committee unanimously backed Assembly Bill 1465, which reduces misdemeanor marijuana-possession offenses to a civil infraction. The measure awaits action from the full Assembly and, if approved, by the Senate.

NEW YORK

By a 90-50 vote, members of the State Assembly approved legislation in June allowing for the limited legalization, production and distribution of cannabis

for medicinal purposes. The vote marked the third time that Assembly lawmakers have approved medical cannabis legislation. As of this writing, however, the leadership of the State Senate appears reluctant to allow debate on the issue.

The Senate appears equally unwilling to discuss separate legislation proposed by Governor Andrew Cuomo and backed by an unlikely ally, New York City Mayor Michael Bloomberg, which would decriminalize the possession of marijuana in public view. The governor's proposal came in response to the soaring arrest rates in New York City, which have risen from less than 1,000 in 1990 to more than 50,000 in 2011, with most of those arrested being black or

Hispanic. The *New York Times*' influential editorial board opined in favor of the change, yet Republican Dean Skelos—the majority leader of the State Senate—publicly pronounced the measure dead on arrival, stating: "Being able to walk around with 10 joints in each ear ... I think that's wrong."

RHODE ISLAND

This past May, Governor Lincoln Chafee signed legislation into law authorizing the creation of three state-licensed "compassion centers" to engage in the production and distribution of cannabis for authorized patients. Under the new law, the centers will not be allowed to cultivate more than 150 cannabis plants on their premises at any one time, only 99 of which may be mature. The centers will also be restricted to possessing no more than 1,500 ounces of

usable product at any one time. One other state (New Mexico) imposes similar cultivation caps on state-licensed dispensaries. Chafee said that the imposed statutory limits would lower the likelihood of federal law enforcement officials interfering with the state's implementation of the law. Prior to this, Chafee had actively opposed expanding the Ocean State's six-year-old medical-marijuana law to include the establishment of state-licensed dispensaries.

In June, state lawmakers approved, by a vote of more than 2 to 1, separate legislation decriminalizing the non-medical possession of up to one ounce of marijuana for people 18 years or older. Governor Chafee quickly signed the measure, which takes effect on April 1, 2013, making Rhode Island the 15th state to reduce minor marijuana-possession penalties to a fine-only offense.

VERMONT

In June, state officials began accepting public applications for certificates to operate licensed medical-marijuana dispensaries. Under a 2011 law, the state is mandated to license up to four privately

operated dispensaries, which will be required to cap their membership at 1,000 registered patients each—a threshold that far exceeds the total number of registered patients statewide. Vermont lawmakers initially approved the use and cultivation of cannabis for qualified patients in 2004, although, to date, fewer than 500 citizens have registered for the program.

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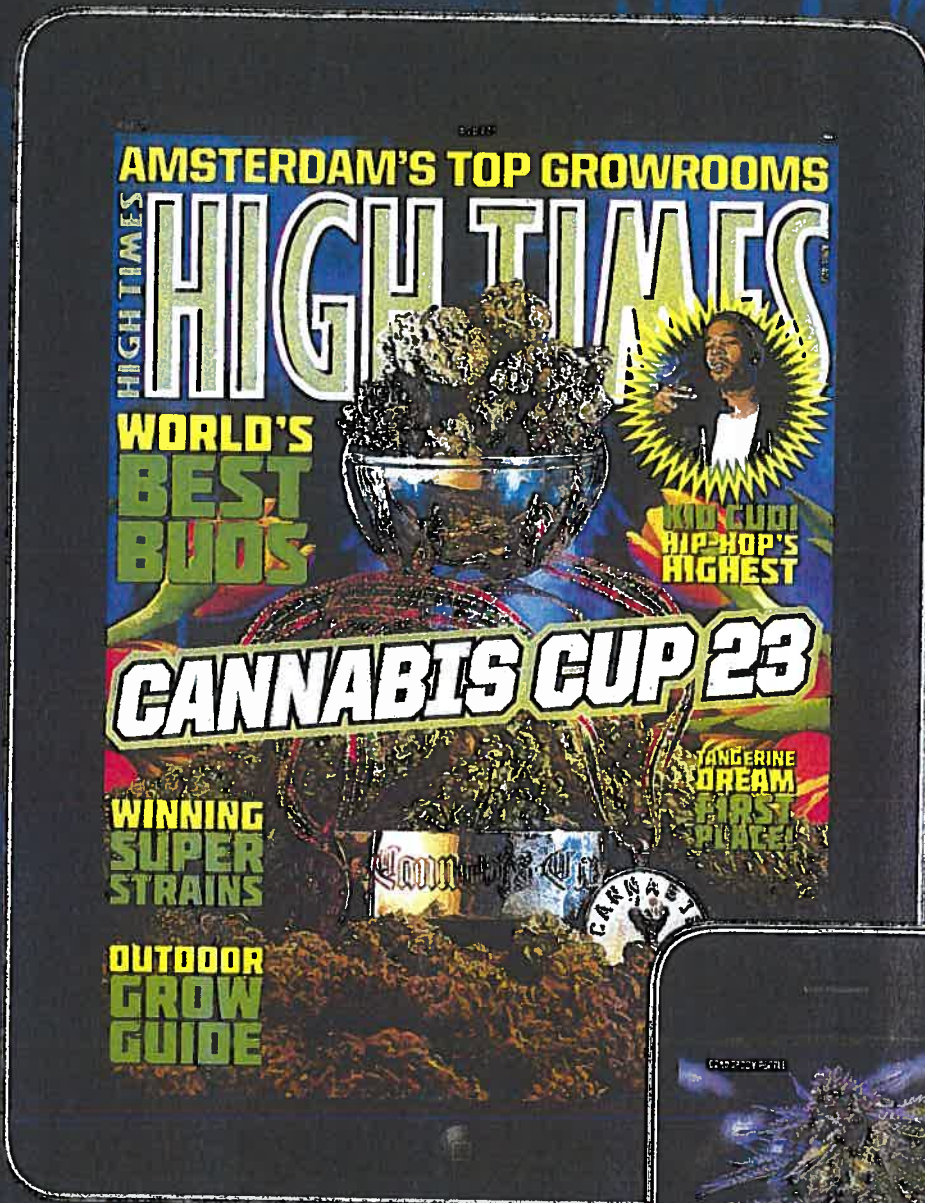
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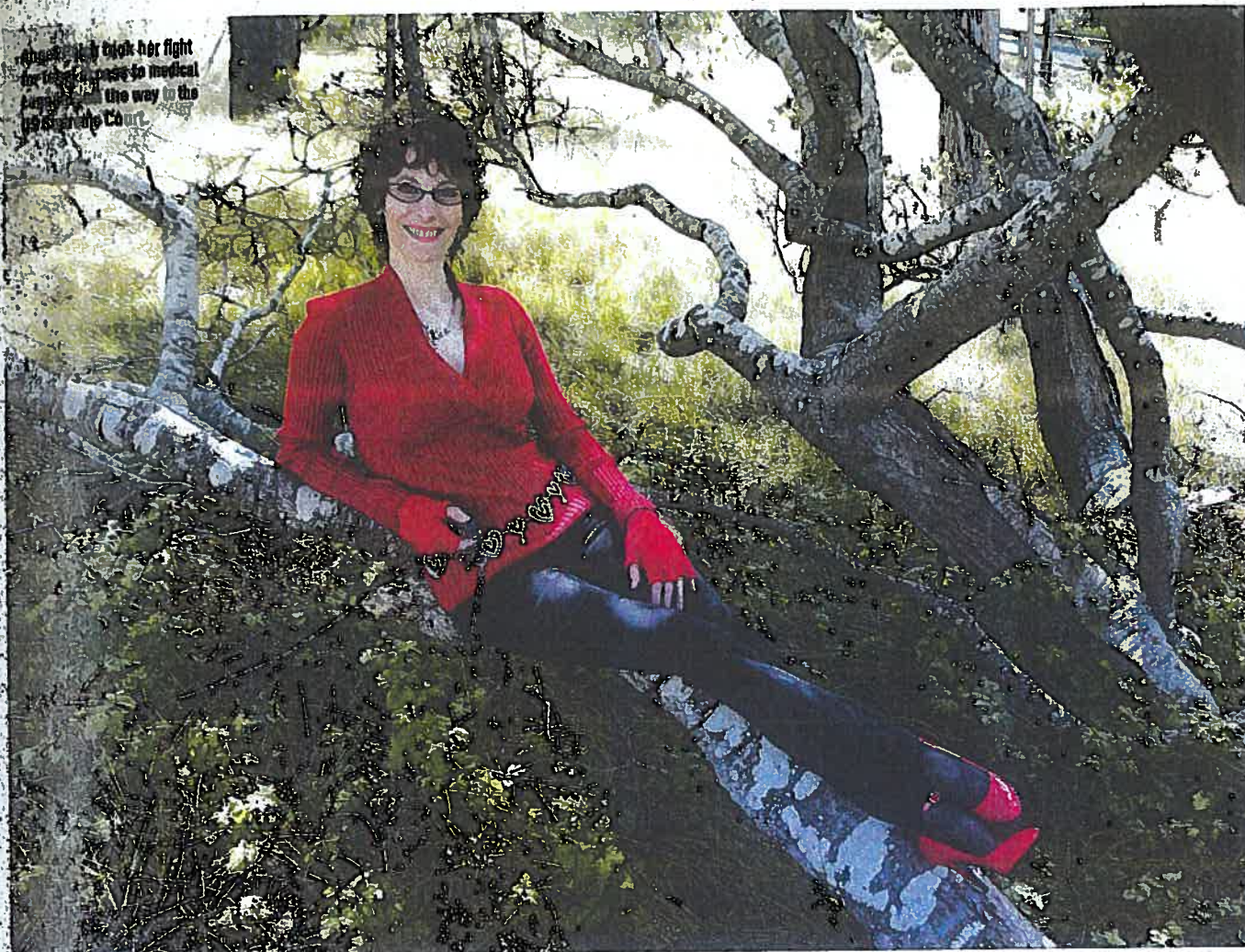


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Angel Raich took her fight for medical marijuana to the US Supreme Court.



Angel in Waiting

The *High Times Medical Marijuana* interview with Angel Raich.

By Murphy Green

When the issue of medical marijuana reached the US Supreme Court in 2005 in a case called *Gonzalez v. Raich*, the majority ruled that a chronically ill woman living in a state that had legalized the medicinal use of cannabis—and was growing her own plants on her own property for her own personal consumption with a doctor's recommendation—was somehow engaged in “interstate commerce.” That part of the ruling was key, since the commerce clause of the US Constitution allows the federal government to supersede state law when regulating interstate commerce—and so, as a result, the supposedly conservative high court (many of whose members allegedly support the notion of “states’ rights”) cleared the government to enforce the Controlled Substances Act against Angel Raich, who suffers from an inoperable brain tumor that causes frequent seizures.

Ever since, Raich and every other medical cannabis patient in America has been left in a kind of legal limbo, caught between

state laws protecting them and a federal government steadfastly committed to prohibition. More recently, the *Raich* case was cited as a key precedent in Supreme Court Chief Justice John Roberts’s majority decision upholding the Affordable Care Act (a.k.a. Obamacare) as constitutional.

Prior to that decision, Angel Raich had joined efforts to overturn Obamacare through the courts, citing concerns that it would allow the power of the federal government, via the commerce clause, to run amok. Still, she remains best known as a steadfast supporter of medical marijuana, both as a patient and an activist.

While much progress has been made in extending the rights of medical cannabis patients since Raich’s original day in court, her recent disastrous visit to the UCSF Medical Center in San Francisco proves that there hasn’t been nearly enough. Following that nightmarish ordeal, Raich agreed to tell *High Times Medical Marijuana* exactly what happened, in her own words.

Angel Raich at a press conference during her 2005 Supreme Court case.



Why don't we start with an update on your current health situation?

I'm terminal. I have radiation necrosis of the brain, plus a brain tumor, and I'm still suffering complications from surgery I underwent in 2009—after going home, I had a brain blood clot, which led to a stroke. I actually died and came back to life.

According to two brain surgeons, I need brain surgery again right now, but I would not survive it—there were so many complications last time that they don't want to take the risk. And so, since there'll be no brain surgery and radiation necrosis of the brain is not survivable, I'm terminal. I'm also in severe pain 24 hours a day and suffer from seizures to the point where I sometimes stop breathing. I have a "do not resuscitate" order, so they're not allowed to give me CPR. I have chosen to be prepared to leave this world naturally.

How did you end up getting kicked out of the hospital?

It was really kind of crazy. I ended up at UCSF because my brain surgeon of 12 years had left Stanford on a permanent sabbatical, and I didn't trust the brain surgeon that replaced him.

Almost every single doctor I talk to—it

doesn't matter whether it's a brain surgeon, a neurologist, an anesthesiologist or a pain doctor—they all say that it's very difficult to figure out anything to do, because my conditions are so complicated and the MRIs don't show the whole back side of the tumor and necrosis area in the brain. Also, I'm further complicated by the fact

to have a higher quality of life. But I never feel like I've done enough.

What specifically brought you to the hospital that day?

I was having all these really bad seizures that would stop my breathing, and they were trying to figure out whether they're

"My neurologist knew I was a cannabis patient. She admitted me to the hospital and made them aware that my cannabis was going to come in with me."

that I'm on cannabis and could die without it, which means they can't put me in the hospital to do certain treatments, and the fact that I can't take synthetic drugs—so they can't just give me a pill and say, "Okay, she's fixed."

It's worse than I ever let on. I've been hiding from everyone how much pain I'm in. People treat you way different when they think you're disabled... even people close to you! It hurts, and I am way more sensitive than I show. I got in the habit of showing my strength, not my vulnerability, and I continually push my boundaries daily

pseudo-seizures or epileptic seizures—both of which can be dangerous. A lot of doctors, even specialists, get the two mixed up because they're so similar. With pseudo-seizures, you don't need medication; with epileptic, you do. And one way to tell them apart is the different ways they hit on the wavelength of the brain, as measured by an EEG. So they wanted to run that test, which meant staying in the hospital for three to five days.

My new UCSF neurologist knew I was a cannabis patient. She basically admitted me into the hospital and made them aware

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Angel in Waiting



After suffering a harrowing ordeal at the hospital, Angel Raich says cannabis helps her control seizures, relieve pain and cope with her illness.

right-hand side of my bed and told me the hospital pharmacist said that if I use cannabis or even have it in my possession in the hospital, they were going to call the Feds and have me arrested.

And I said, "Excuse me?" And then she tried to quote California law. I said, "Whoa, wait a minute, time out. First of all, you've got me all wired up, I'm about to undergo treatment, so go ahead, call a Fed—I don't care. Second, you may not know me, but my name is Angel Raich, the medical cannabis patient who went to the US Supreme Court. I helped write the California medical cannabis laws, and you just quoted the state law improperly."

"At that moment, I really needed my medicine, so I picked up the vapor pen and took a big hit off it. At which point, the doctor started having an absolute fit."

There I am, facing the Grim Reaper, and she tries to threaten me with the Feds. She left and then came back and said she was sorry, but they were going to make me leave! I told that doctor I was already wired up and I was having my treatment. Then I refused to get out of my hospital bed. I could understand a little of how Rosa Parks felt when she refused to move to the back of the bus, because I refused to get off the bed without getting the EEG.

Next thing you know, the head doctor of the floor arrives and says I can't have any cannabis—I have to leave or I'll be arrested by the Feds. And I said, "It's already been approved. It's in my records. I'm not breaking any law—in fact, you are, for trying to make me leave."

I'd been there for nearly five hours at that point, and I have to use cannabis every two hours to treat my symptoms. I thought I might be arrested and taken into custody, and that concerned me with my cannabis levels already so low. At that moment, I really needed my medicine, so I picked up the vapor pen and took a big hit off of it. At which point, the doctor started having an absolute fit.

that I was going to bring my vaporizer, and that my cannabis was going to come in with me. After I was checked in, a male doctor arrived and eventually asked to see my cannabis; he wanted to inspect it. I had what's called a vapor pen with cannabis oil in it. Now, even my mom, who *hates* to be around cannabis smoke—man, when I use that pen, she doesn't even notice it.

Next, the doctor asked me to demonstrate. He was like, "Oh, that's really neat—I don't smell it." So I explained how the vapor pens are so small, discreet and very patient-friendly, you can use them anywhere because it's not smoke. (Doing my little education, like I always do.) We sat there and chatted about that for a few

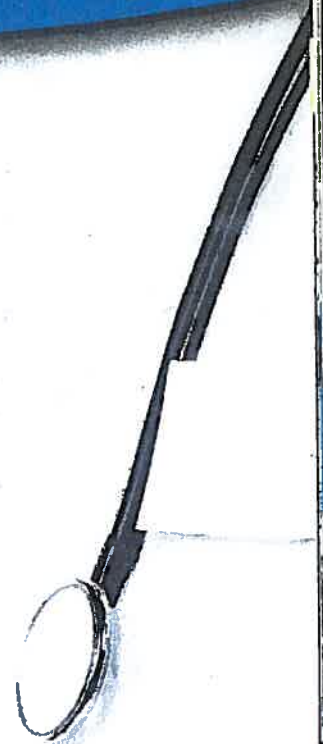
minutes, which happens a lot with doctors and nurses; most of them are pretty curious. By now, they all at least know about medical cannabis, but they don't always see it.

At the end, the doctor said, "Okay, great, everything is good to go." At which point, the nurse put me on an IV and started wiring my head up for the EEG. I laid back on what turned out to be a broken inflatable bed and started watching TV while eating snacks, trying to relax.

When did things start to go wrong?

A female doctor, who had been in earlier asking about my "do not resuscitate" order, came back and pulled up a chair on the

"No patient is safe until we're all safe."



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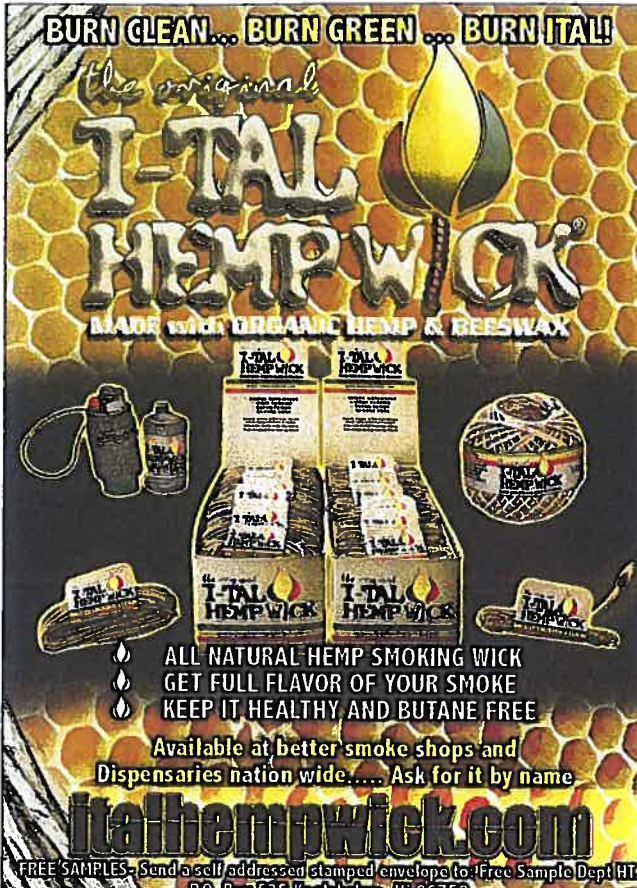
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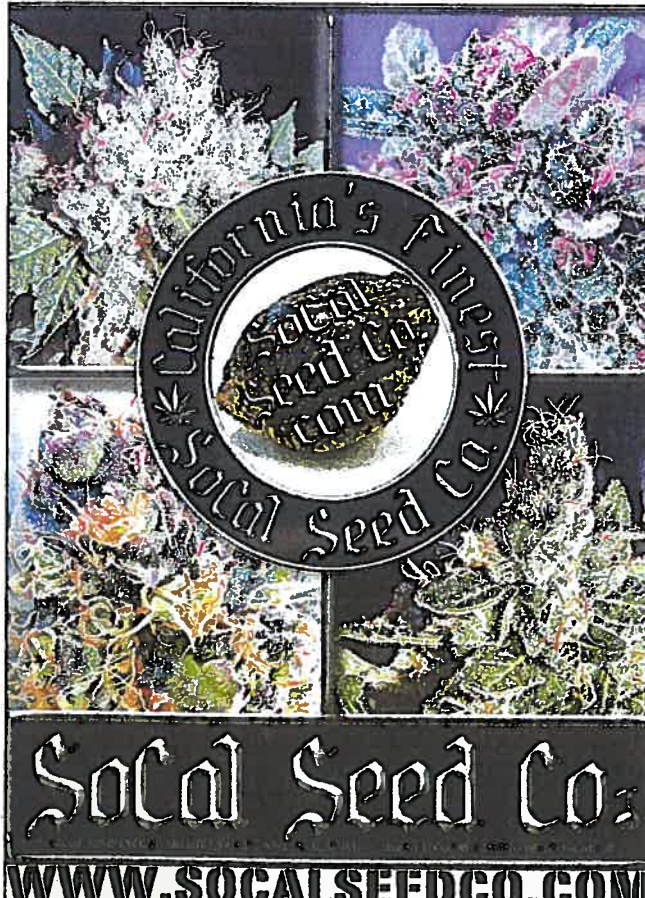


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Angel in Waiting

Next, you say a security guard arrived, followed by two UCSF police officers. How did they treat you?

They were just really rude—standing there with their hands on their holsters, telling me I've got to get out of the hospital right now. Earlier, I'd had a chance to call my lawyer, Bill Panzer, and he told me not to get arrested, because I could end up being held without access to my cannabis and I was not well. So I tried to stay calm. I called Jeff Jones and Dale Clare [two well-known cannabis activists in the state] to sound the alarms; Bob Egelko, a reporter from the *San Francisco Chronicle*; and my friend Dan, who rushed to the hospital in the nick of time to see the police in my room forcing me to leave.

In the meantime, a nurse came in and said, "Could you please lay down?" I said no, so she started ripping off my EEG feeds while I was sitting up, accidentally pouring acetone in my right eye. She ripped those things right off my scalp—I had blood running down my forehead. The police weren't even going to let me get dressed. They were going to kick me out on the fucking street in my jammies, my robe and my slippers.

"I'm rolling these big ol' fat bomber joints that have hash, kief, wax and multiple strains of cannabis in them. I smoke those every day, then I have an edible at night."

I finally convinced them to let me get dressed. As they walked me out, the security guard said, "People are trying to get medical care here." And I replied, "Excuse me, but so am I! I have the right to the same medical care as anyone else!"

Then, while standing in the lobby waiting for the return of my seizure medicine, I got off a few phone calls to the media. ABC showed up shortly thereafter—in time to catch me having a seizure after coming out of the hospital. They called 911, and I ended up being taken to another hospital, where I refused treatment—after what had just happened, I didn't trust them to do what was in my best medical interest. So they just checked on my seizure and symptoms and let me go.

Now that you're back home, where do you go from here? And how does cannabis continue to help you at this stage in your life?

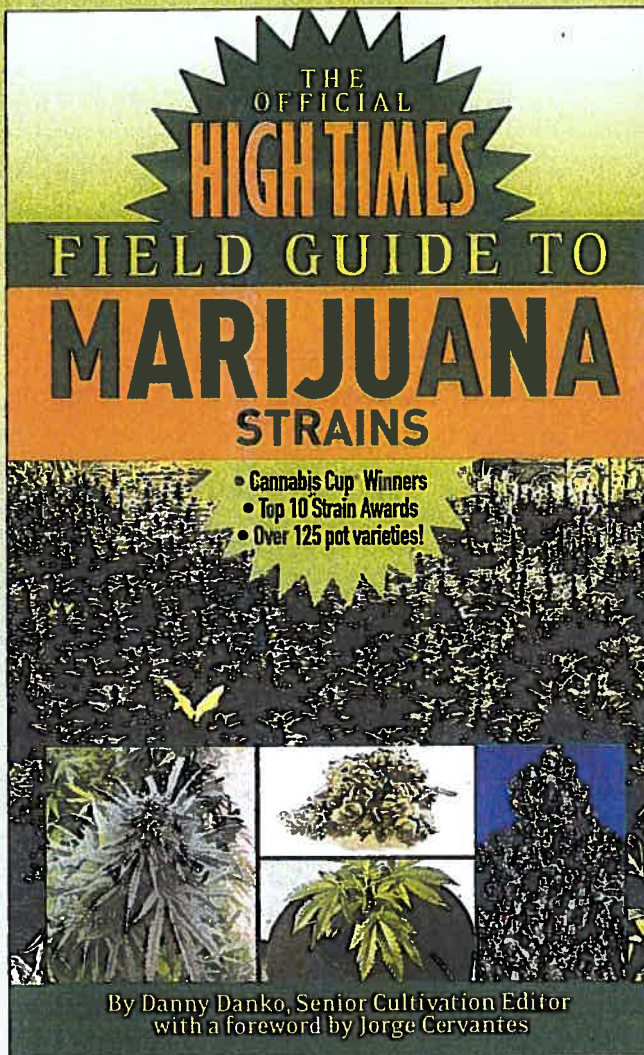
One of the things that I'm really focused on right now—more than anything, in fact—is my quality of life. I'm trying to have as much fun as I can. I don't care how much it hurts. A lot of people expect that when you're dying, you just kind of give up and go *wah-wah-wah*. But not me—I already did my *wah-wah-wah*, and I've dealt with my anger over not having enough time. I'm done with that. Now I'm ready to party—party 'til I drop. Also, I'm going to be a *lola* [grandma] in September 2012, which I'm extremely excited about!

I want to have fun with the time I have left, and cannabis helps me deal with the severe pain and my many other symptoms while maintaining an appetite. Right now, my body is shutting down for the most part, so I need a lot more to help me eat and manage the monster headaches. I'm rolling these big ol' fat bomber joints that have hash, kief, wax and multiple strains of cannabis in them. I smoke those every day, then I have an edible at night.

The cannabis really helps me a lot, pain-wise. It's helping my seizures, though it obviously doesn't stop them. And it *definitely* helps me with coping. *

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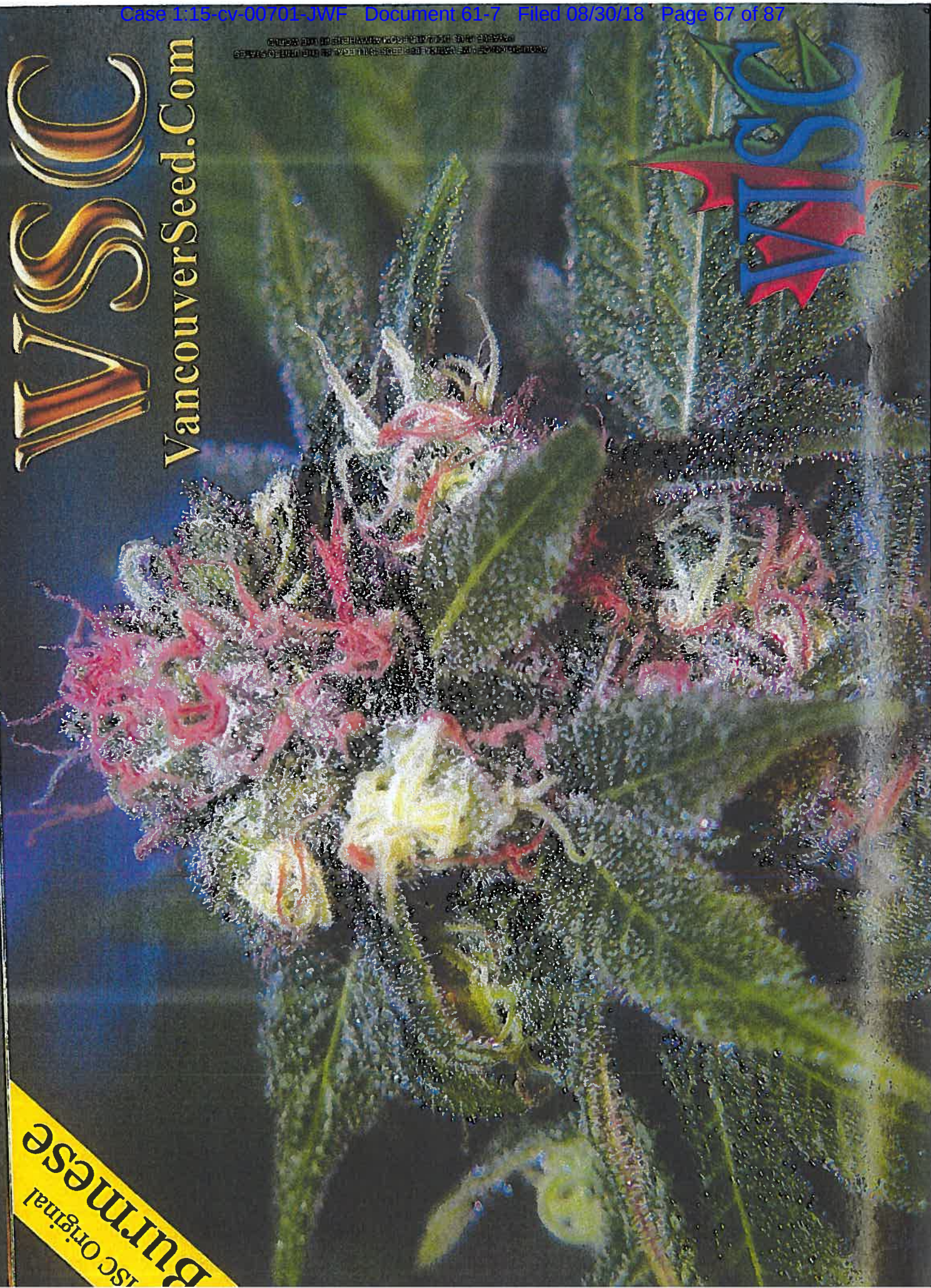
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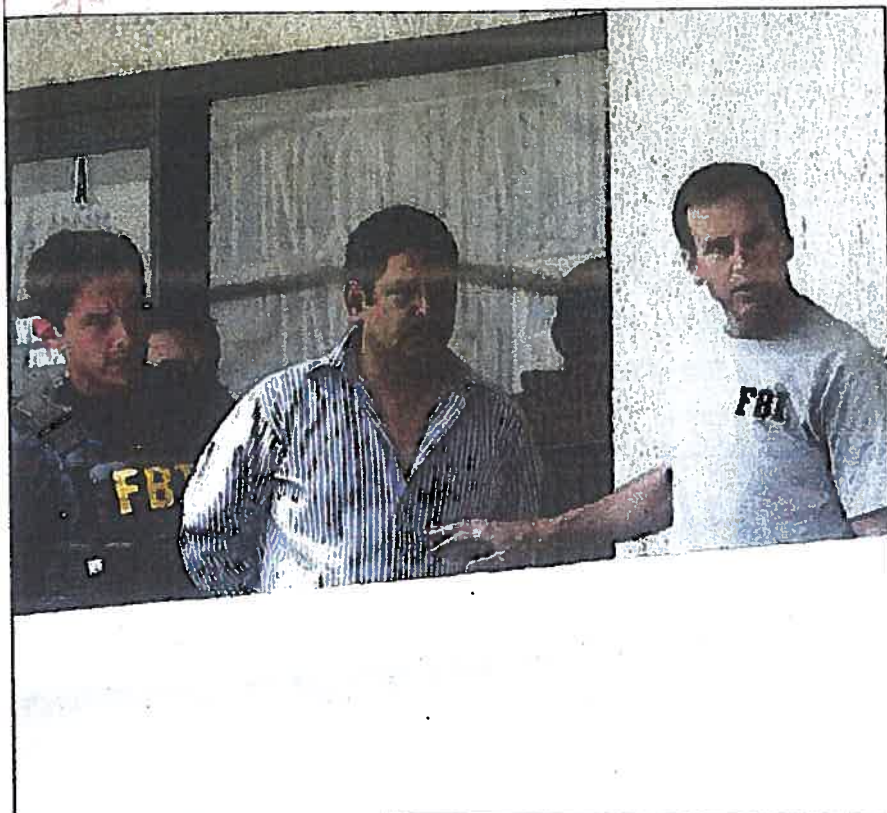
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Southern California

REGIONAL NEWS

The mayor of Cudahy, CA steps down from office with a little help from the FBI.



Dank Corruption

The mayor and two top officials in Cudahy, CA, are charged with taking bribes to lift their city's medical marijuana dispensary ban.

Located just 10 miles from Los Angeles, the city of Cudahy (with a population of less than 25,000) has never permitted medical-cannabis dispensaries to open within city limits. But all that was destined to change—or so it seemed to Mayor David Silva, City Manager Angel Perales and City Councilman Osvaldo Conde, right up until all three were arrested on June 22 by agents of the Department of Justice as part of a wide-ranging sting operation against local corruption.

Accused, among other crimes, of accepting bribes totaling \$17,000 from an undercover FBI informant in exchange for promising to lift Cudahy's moratorium and clear the way for opening a dispensary in the city, the three former officials now face serious federal charges. According to an affidavit filed by the government—which also included

wiretap transcripts of the negotiations—the FBI's informant met with the three city officials numerous times to discuss the terms of the alleged transaction, including once inside a nightclub, where Councilman Conde (described as the leader of the group) arrived with two armed bodyguards later identified as city employees.

"The informant had been instructed that he should expect to make multiple payments," according to Assistant US Attorney Joseph Akrotirianakis. "He would make one payment in order to have the matter considered, another to have it acted upon, and he should also be expected to come around at Christmas."

The city is currently considering extending its medical marijuana dispensary ban for another year. Perhaps it should consider imposing a ban on blatant crooks in high office instead.

TOMMY CHONG: "I'M TREATING MY CANCER WITH CANNABIS."

Comedian Tommy Chong, one-half of the beloved stoner dynamic duo Cheech & Chong, has been part of America's great ganja debate since first achieving stardom in the 1970s for his highly acclaimed portrayals of a pot-addled, kind-hearted cannabis clown—a "roll" he made famous both onstage and in feature films. Seen by some as a walking stoner stereotype, and by others as a clever parody of those same stereotypes, Chong would continue to provide his signature style of comic relief for decades, to the delight of a global marijuana community that eagerly embraced him as one of its own.

Since serving nine months in prison in 2003 for selling marijuana paraphernalia



across state lines, Chong has also become a serious and outspoken advocate for pot legalization, using his celebrity status and quick

wit to challenge the media to take a much more critical look at the many negative effects of the War on Marijuana.

And now he's adding medical cannabis patient and pioneer to his résumé. "I've got prostate cancer, and I'm treating it with hemp oil, with cannabis," Chong, 74, told CNN in June. "So [legalizing marijuana] means a lot more to me than just being able to smoke a joint without being arrested."


Our best wishes go out to this long-time friend of *High Times* for a speedy recovery and many more years of hilarious high-jinks.

Southern California

MEDICAL MARIJUANA,
STATE BY STATE

ALASKA (1998)

MED-POT LAW: Ballot Measure 8

PLANT LIMIT: 1 oz. usable, 6 plants
(3 mature, 3 immature)


HOW TO REGISTER: Patients must obtain an identification card from the Alaska Bureau of Vital Statistics' Marijuana Registry. Application requires a fee of \$25 and a signed statement

from the patient's physician that addresses the patient's condition, states that the physician has personally examined the patient, and details how the physician came to the conclusion that medical marijuana was justified. Patients must have a "debilitating medical condition."

ARIZONA (2010)

MED-POT LAW: Proposition 203

PLANT LIMIT: Up to 12 plants indoors
(unless within 25 miles of a dispensary)


HOW TO REGISTER: Patients must obtain a valid doctor's recommendation for an approved medical condition, which allows them to possess 2.5 ounces of cannabis, or buy that

much from a state approved dispensary in a 14-day period. At press time, the Arizona Department of Health was planning a lottery to award 126 dispensary licenses (see page 60).
More info: www.azdhs.gov/medicalmarijuana

CALIFORNIA (1996)

MED-POT LAW: Prop 215

DISPENSARIES: YES

PLANT LIMIT: 8 oz. usable, 4 mature or
12 immature


HOW TO REGISTER: ID cards are not required, but they are recommended and can cost up to \$66. Contact your county and provide proof of residency and written documentation of a "serious medical condition" that includes the name, office address and telephone number, and California medical license number of your attending physician.

COLORADO (2000)

MED-POT LAW: Ballot Amendment 28

DISPENSARIES: YES

PLANT LIMIT: 2 oz. usable, 6 plants (3
mature, 3 immature)


HOW TO REGISTER: Patients must obtain a Medical Marijuana Registry ID card from the Colorado Department of Public Health and the Environment. Application

requires a copy of your Colorado driver's license or ID card, a \$90 application fee, and a certification form completed and signed by a doctor licensed to work in Colorado confirming a "debilitating medical condition."

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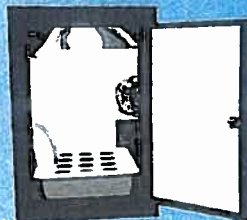
Includes everything you need including 150w HPS/MH lighting system, a year supply of nutrients, warranty, and free tech support. All you need is water and plants! This system uses Superponics technology.

**Capacity: 8 Plants
Dimensions: 61'H x 14'W x 24'D
Price: \$1295**

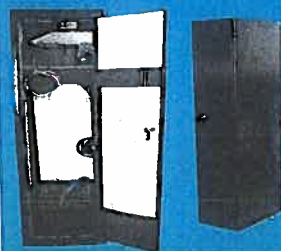
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Includes everything you need including 200w CFL lighting system, a year supply of nutrients, warranty, and free tech support. All you need is water and plants! This system uses Superponics technology.

**Capacity: 12 Plants
Dimensions: 30'H x 18'W x 24'D
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Northern California

REGIONAL NEWS

NOT SO FAST!

Tom Ammiano's medical marijuana regulation bill takes an abrupt detour on the way to (possibly) becoming law.

When Assembly Bill 2312 passed the California State Assembly in Sacramento by a vote of 41-28 this June, medical cannabis advocates cited the victory as a historic step on the way to finally implementing the uniform regulation of medical marijuana in the first state to legalize it.

AB 2312 was originally conceived as a ballot initiative, backed by Americans for Safe Access and the United Food Workers Union. When their joint effort to put that initiative on the ballot proved insufficient, Assemblyman Tom Ammiano (D-San Francisco) agreed to sponsor it as a bill in the Legislature. But after successfully pushing it through the Assembly, he quickly pulled the bill from consideration before it reached the State Senate, presumably due to the last-minute addition of restrictive amendments.

As originally written, AB 2312 would have created a Bureau of Medical Marijuana Enforcement, required state licensing for all dispensaries, and allowed additional local taxes on medical marijuana up to 2 percent (in addition to existing sales taxes). Shortly before passage, however, anti-marijuana members of the Assembly added provisions setting a standard of one dispensary per every 50,000 people, and allowing local governments to ban them outright.

"Many good bills take more than a year to pass," Don Duncan, ASA's California director, wrote to members of the organization in the wake of Ammiano's move to temporarily shelve the bill. "We need to make sure that taxation, if necessary, is limited; and we have to make it difficult for cities and counties to ban patients' associations outright."

Small-scale medical cannabis gardens like this one were saved by dedicated marijuana activists and concerned local citizens.



Butte Out!

Voters in Butte County reject a highly restrictive medical marijuana ordinance.

When legislators in rural Butte County, CA, passed a measure last year to ban medical marijuana cultivation entirely on all properties one-half acre or smaller, while also severely limiting plant numbers on larger properties, they almost certainly assumed that they'd have the last word on the matter. Fortunately, this story has a far greener ending.

First, local medical marijuana patients and supporters banded together to collect the 12,000 signatures required to stop implementation of the new law pending a countywide vote. Then they took their concerns directly to the people with a public education campaign in favor of voting down the new law in order to replace it with a set of fairer, common-sense regulations. On election night, more than 55 percent of the electorate agreed with that plan, scuttling the existing measure and sending county officials back to square one.

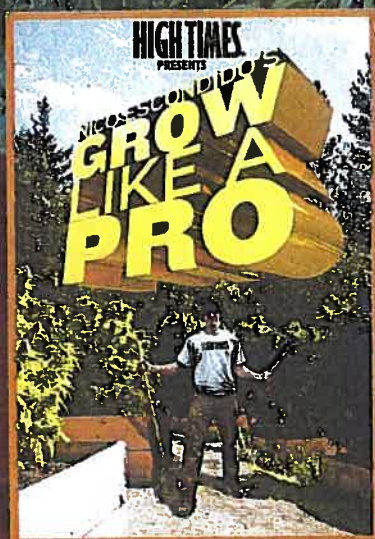
"It was an interesting Tuesday last week," admitted Paul Hahn, Butte County's chief administrative officer, speaking to the Board of Supervisors during its first regular meeting following the defeat of the controversial medical marijuana restrictions. "We [now] have no ordinance."

While county administrators remain free to pass a new one, it must be "significantly different" from the ordinance just rejected at the ballot box. Local supervisors have since vowed to work with medical marijuana growers when crafting any new version of the law. ✱

"It was an interesting Tuesday last week," admitted Paul Hahn, Butte County's chief administrative officer. "We [now] have no ordinance."

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Northern California

MEDICAL MARIJUANA, STATE BY STATE

DELAWARE (2011)

MED-POT LAW: Senate Bill 17

PLANT LIMIT: No self-cultivation

HOW TO REGISTER: Qualified patients registered with the Department of Health and Social Services will be issued an ID card allowing them to buy up to three ounces of marijuana every two weeks, and to possess up to six ounces at any one time. The law calls for the opening of three not-for-profit compassion centers, one in each county, by the beginning of 2013.



HAWAII (2000)

MED-POT LAW: Senate Bill 862

PLANT LIMIT: 3 oz. usable, 7 plants (3 mature, 4 immature)

HOW TO REGISTER: Patients must register with the Department of Public Safety. Application requires your Hawaii driver's license or ID card, a non-refundable \$25 fee, and a physician's written certification confirming a "debilitating medical condition." The physician must register the patient with the Department of Public Safety, which will issue a registration certificate.



MAINE (1999)

MED-POT LAW: Ballot Question 2

DISPENSARIES: YES

PLANT LIMIT: 1.25 oz. usable, 6 plants (3 mature, 3 immature)

HOW TO REGISTER: Maine offers a voluntary registration process. A patient may possess a usable amount of marijuana for medical use if, at the time of that possession, the person has available an authenticated copy of a medical record or other written documentation from a physician. The patient must have a "debilitating or chronic medical condition," and the physician must have a "bona fide physician-patient relationship with the person."



MARYLAND (2003)

MED-POT LAW: Senate Bill 502

HOW TO REGISTER:



Maryland allows an affirmative defense in court for medical marijuana patients in possession of less than an ounce of cannabis, but offers them no other regulations or formal protections. Beyond a doctor's recommendation, the state has no registration process, no identification card, and no list of eligible medical conditions. Some activist organizations do not even list MD among their medical marijuana states.

DISPENSARY PROFILE



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(510) 540-6013
berkeleypatientsgroup.com

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Berkeley, CA 94704
BerkeleyPatientsCare.com
(510) 540-7878
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Colorado

REGIONAL NEWS

"YOU HAVE NO RIGHT!"

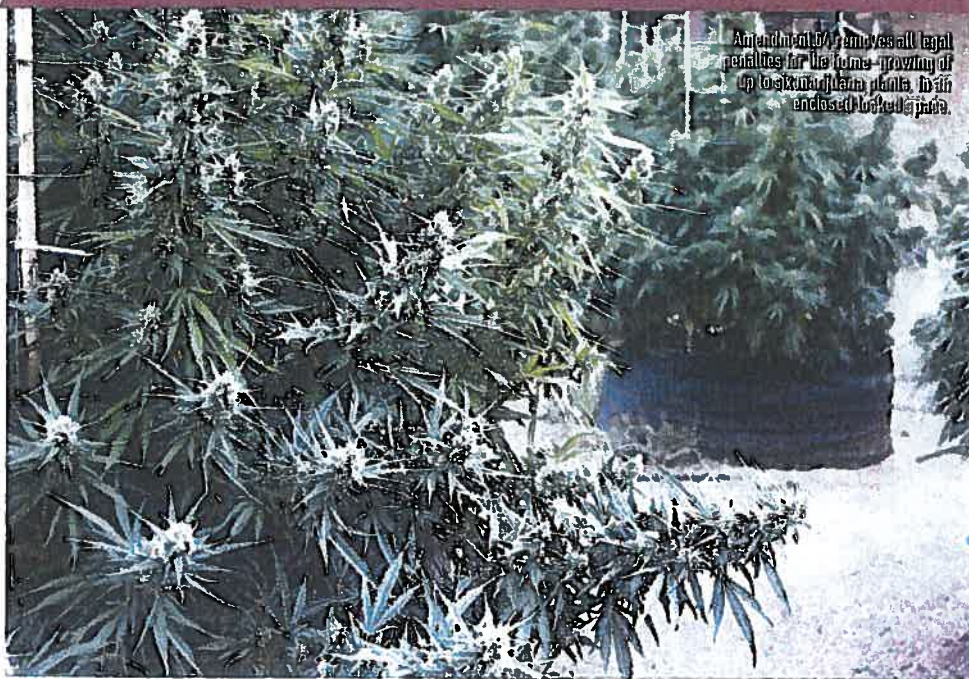
Colorado's Supreme Court affirms a ruling that medical marijuana patients have no constitutional right to use their medicine.

Jason Benoir was fired in February 2010 from his job in Denver as a 16th Street Mall street-sweeper after testing positive for marijuana on a random drug test mandated by his employer—even though he's a legal medical marijuana patient in Colorado and wasn't impaired during working hours. Even worse, he was later denied unemployment benefits solely on the basis of that single drug test result.

Benoir responded by suing the company that fired him. Last August, the Colorado Court of Appeals decided against him in a ruling that cited his employer's "zero tolerance" policy as the reason his job could be terminated with cause, which also meant he could be denied unemployment benefits. That ruling further stated that Amendment 20—Colorado's medical marijuana law—does not create a "right" to use cannabis as a medicine, even for state-legal patients, but merely provides a set of exemptions from criminal prosecution.

"It does not create a constitutional right to consume marijuana," State Attorney General John Suthers said in the wake of the Court of Appeals decision. "The advocates, I think, have missed that over time."

Benoir promptly moved to have his case heard by Colorado's Supreme Court, but this June, the state's highest court declined to do so, in effect affirming the lower court's decision. As it stands now, the decision means that medical marijuana patients remain vulnerable not just at work, but also when applying for gun permits, living in public housing, or facing a loss of custody of their children in child-welfare cases.



Legalize It, Once and For All

If Colorado voters approve pot legalization this November, patients will benefit—along with everyone else.

This November, Colorado voters will decide on Amendment 64, the Regulate Marijuana Like Alcohol Act, which, if passed, will legalize possession of at least one ounce of marijuana for all adults in Colorado, allow them to grow at least six plants at home, and compel the state government to develop a regulatory system for commercial growers and distributors—all without affecting Colorado's current "seed to sales" medical cannabis system for patients and providers. Though the success of marijuana measures at the ballot box is typically difficult to predict, a recent Rasmussen poll showed support for marijuana legalization at higher than 60 percent among likely voters in the Rocky Mountain State.

According to the text of the initiative, nothing in the new law "shall be construed: (a) to limit any privileges or rights of a medical marijuana patient, primary caregiver, or licensed entity as provided in section 14 of this article and the Colorado Medical Marijuana Code; (b) to permit a Medical Marijuana Center to distribute marijuana to a person who is not a medical marijuana patient; (c) to permit a Medical Marijuana Center to purchase marijuana or marijuana products in a manner or from a source not authorized under the Colorado Medical Marijuana Code; (d) to permit any Medical Marijuana Center licensed pursuant to section 14 of this article and the Colorado Medical Marijuana Code to operate on the same premises as a retail marijuana store; or (e) to discharge the department, the Colorado Board of Health, or the Colorado Department of Public Health and Environment from their statutory and constitutional duties to regulate medical marijuana pursuant to section 14 of this article and the Colorado Medical Marijuana Code."

In layman's terms, this means that if Amendment 64 passes, Colorado's medical marijuana law will remain in place alongside a new system of distribution available to all persons 21 and older. For patients, this outcome provides the best of both worlds, maintaining their existing rights at the same time that legalization provides myriad new options for them to find safe access to their medicine. For more information, visit regulatemarijuana.org. *

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CHRONICLE BOOKS

Colorado

MEDICAL MARIJUANA,
STATE BY STATE

MICHIGAN (2008)

MED-POT LAW: Proposal 1

PLANT LIMIT: 2.5 oz. usable, 12 plants

HOW TO REGISTER: Patients must



obtain a registry identification card from the Michigan Department of Community Health. Application requires information about the patient and the patient's physician and a signed document from the physician stating the patient's "debilitating medical condition."

MONTANA (2004)

MED-POT LAW: Initiative 149

PLANT LIMIT: 1 oz. usable, 6 plants

HOW TO REGISTER: Patients must



register with the Quality Assurance Division of the Department of Public Health and Human Services. For the latest

information on attempts to change/repeal Montana's medical marijuana law, visit: dphhs.mt.gov/medicalmarijuana.

NEVADA (2000)

MED-POT LAW: Ballot Question 9

PLANT LIMIT: 1 oz. usable, 7 plants (3 mature, 4 immature)

HOW TO REGISTER: Patients must



obtain a registry identification card from the Nevada State Health Division. Applicants must include proof that the patient is a resident of Nevada, written documentation from a physician of the patient's "chronic or debilitating medical condition," and a \$50 application fee. Upon approval, there is an additional \$150 registration fee.

NEW MEXICO (2007)

MED-POT LAW: Senate Bill 623

DISPENSARIES: YES

PLANT LIMIT: 6 oz. usable, 16 plants (4 mature, 12 immature)

HOW TO REGISTER: Patients must



obtain a registry identification card from the Department of Health. Applicants must include proof of New Mexico residency and written documentation from the patient's practitioner of a "debilitating medical condition." There are no fees in place at this time.

NEW JERSEY (2010)

MED-POT LAW: S-119

PLANT LIMIT: No self-cultivation

HOW TO REGISTER:

At press time, regulations were still being finalized. For more information, go to state.nj.us/health/med_marijuana.shtml

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REGIONAL NEWS

MASS
APPROVAL

A majority of Massachusetts voters support medical marijuana in advance of this November's election.

If a proposed voter initiative to legalize medical marijuana in Massachusetts (including a system of licensed dispensaries) makes it onto the ballot this November—and all indications are that it will—citizens of the Bay

The new law would permit approved patients "a 60-day supply of medical marijuana" and task the Department of Public Health with issuing registrations for up to 35 nonprofit medical marijuana treatment centers.

State will at last have a chance to bring safe access to one of America's most progressive areas. And with a recent survey by Public Policy Polling showing that 53 percent of Massachusetts voters support medical marijuana and only 35 percent remain opposed (with 11 percent undecided), prospects for the initiative's passage look very promising.

The new law would permit approved patients "a 60-day supply of medical marijuana" and task the Department of Public Health with issuing registrations for up to 35 nonprofit medical marijuana treatment centers—at least one (but no more than five) in any given county. The initiative also allows home cultivation for qualified patients whose access to a treatment center is limited by verified financial hardship, a physical inability to use transportation, or the absence of one within a reasonable distance. For more info, visit masspatients.org.

Emotions will run high when the Arizona Department of Health draws ping pong balls to determine who can open a medical cannabis dispensary in the state.



The Marijuana Lottery

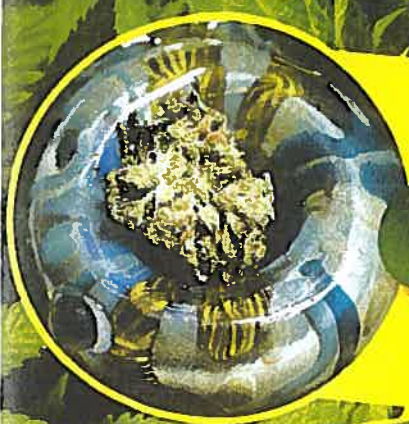
Arizona will soon award 126 licenses for medical cannabis dispensaries, with the winners announced via a live random drawing on the Internet.

After more than a year of legal wrangling, including an unsuccessful federal lawsuit filed by the governor attempting to block parts of the state's medical marijuana law, Arizona's Health Services Department director, Will Humble, finally announced in April that his office would begin accepting applications to open state-regulated medical cannabis dispensaries. In June, Humble confirmed that 486 applications had come in, vying for a total of just 126 available certificates—one for each of Arizona's Community Health Analysis Areas (CHAAs).

According to the highly informative Arizona Department of Health Services Director's Blog (directorsblog.health.azdhs.gov), 75 of the state's CHAAs attracted more than one application, while 27 drew none at all. Assuming every applicant meets the department's basic standards, the certificates will be awarded during a live Internet lottery.

"We'll be using a device that blows balls inside of a clear cage to randomly select the successful applicant in each CHAA," Humble wrote on his blog. "Applicants will be assigned a random code in advance, and the person with the code that matches the ball that blows into the chamber will be allocated a Registration Certificate. We'll repeat this process for each of the competitive CHAAs ... The Act doesn't allow us to identify the successful applicants by name or even business name publicly—so the live announcement will be made using the code that only the applicants will have. Each applicant will receive their unique identifier electronically so they'll know whether they won their CHAA drawing via the webcast. The Certificates will be mailed later that day."

Perhaps, back in high school, you read a classic short story by Shirley Jackson, in which the winner of a local lottery ends up getting stoned to death by the entire town. Arizona's medical marijuana dispensary lottery should prove to be no less exciting—but with a much happier ending! 🌿



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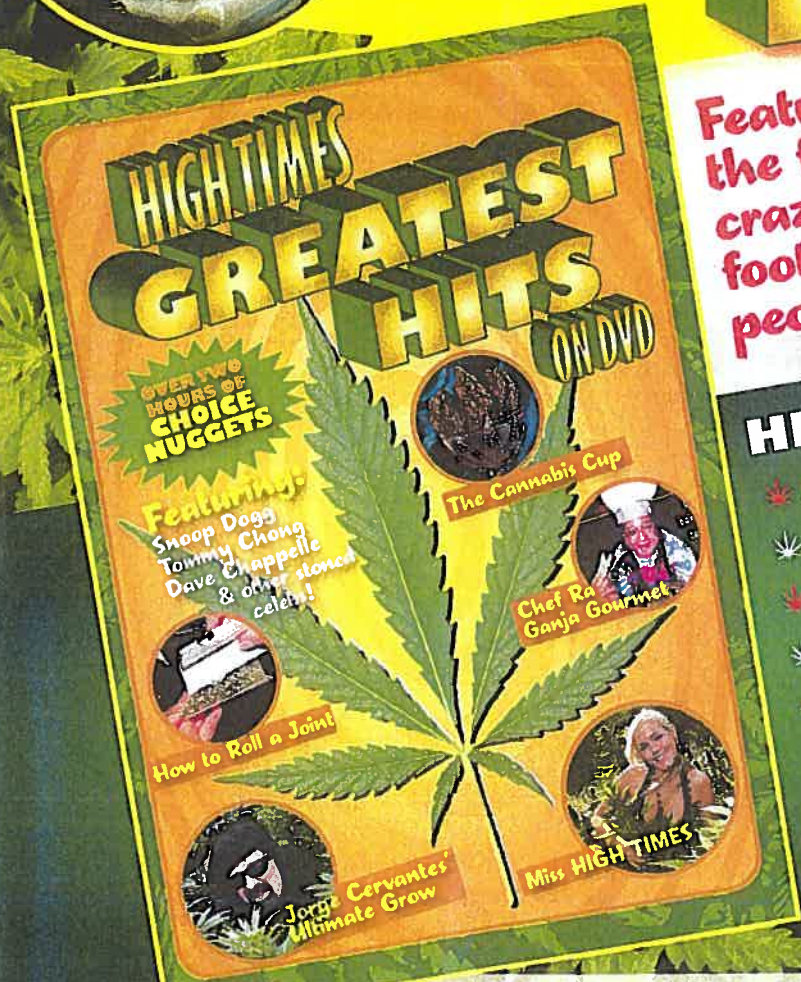
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Points Beyond

MEDICAL MARIJUANA,
STATE BY STATE

OREGON (1998)

MED-POT LAW: Ballot Measure 67
PLANT LIMIT: 24 oz. usable, 24 plants
(6 mature, 18 immature)

HOW TO REGISTER: Patients must register with the Oregon Medical Marijuana Program, part of the State Department of Human Services' Public Health Division. Application requires an Oregon driver's license or ID, a written statement from the patient's physician confirming a "debilitating medical condition," and a \$150 fee (or a \$50 fee if the patient is part of the Oregon Health Plan).



RHODE ISLAND (2006)

MED-POT LAW: Senate Bill 0710
PLANT LIMIT: 2.5 oz. usable, 12 plants
HOW TO REGISTER: Patients must obtain a registry identification card from the Department of Health. Application requires a Rhode Island driver's license or ID, written documentation from a physician of a "debilitating medical condition," and a \$75 registration fee. If you have a medical marijuana registry ID card from any other state, you may use it with the same force and effect as a card issued by the Rhode Island Department of Health.

VERMONT (2004)

MED-POT LAW: Senate Bill 76, House Bill 645
PLANT LIMIT: 2 oz. usable, 9 plants
(2 mature, 7 immature)

HOW TO REGISTER: Patients must register with the Department of Public Safety. Application requires a Vermont driver's license or ID, written documentation from a physician of a "debilitating medical condition," and a \$50 registration fee.



WASHINGTON (1998)

MED-POT LAW: Initiative 692
PLANT LIMIT: 24 oz. usable, 15 plants
HOW TO REGISTER: Washington offers no formal registration process. Legal patients must have a Washington driver's license or ID and a formal statement signed by a physician licensed in Washington documenting a "terminal or debilitating medical condition."

WASHINGTON, DC (2010)

MED-POT LAW: Initiative 59
STATUS: Although medical marijuana was overwhelmingly approved by Washington, DC voters more than ten years ago, the US Congress (which has direct control over the city's budget) indefinitely blocked its implementation at that time. In December 2009, Congress finally passed a DC appropriations bill without a ban on I-59, paving the way for a DC City Council debate on how to implement the law that continues as of press time.

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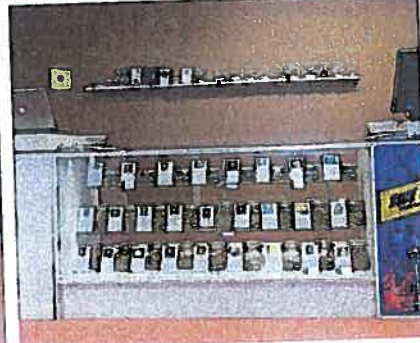
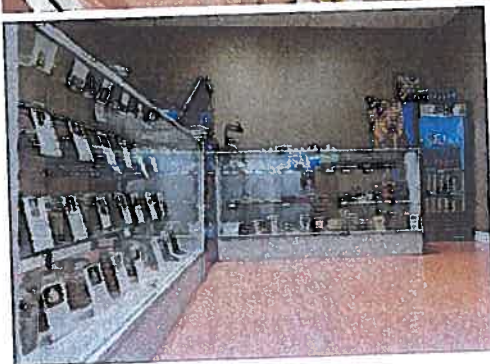
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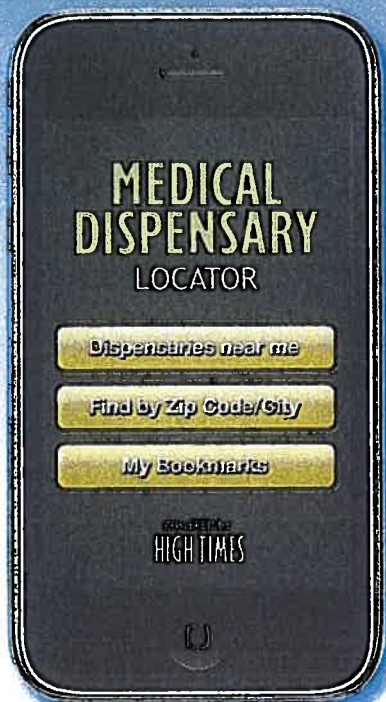
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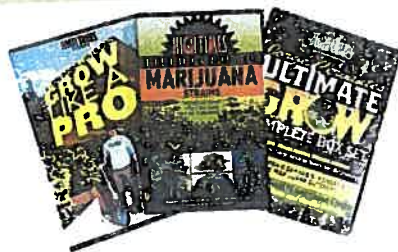
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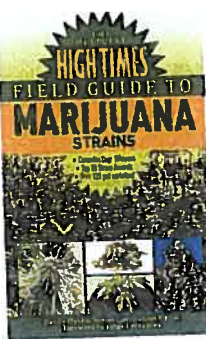


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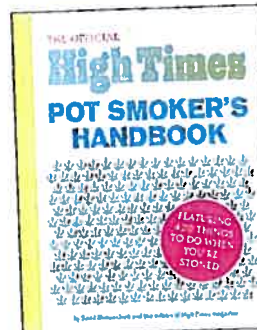
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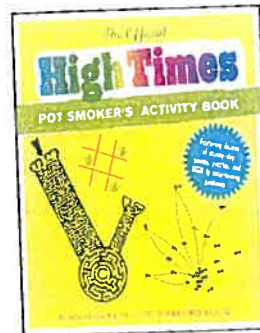
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